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REAUTHORIZATION OF THE REHABILITATION ACT OF 1973

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ORIGINAL

HEARINGS

BEFORE THE

SUBCOMMITTEE ON THE HANDICAPPED

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE
NINETY-NINTH CONGRESS

SECOND SESSION

ON

REVIEWING PROPOSED LEGISLATION ON REAUTHORIZATION
OF THE REHABILITATION ACT

MARCH 20 AND 25, 1986

Printed for the use of the Committee on Labor and Human Resources

U.S. GOVERNMENT PRINTING OFFICE
60-461 O
WASHINGTON : 1986

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REAUTHORIZATION OF THE REHABILITATION ACT OF 1973

THURSDAY, MARCH 20, 1986

U.S. SENATE,
SUBCOMMITTEE ON THE HANDICAPPED OF THE
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The subcommittee met at 9:28 a.m., in room SD-430, Dirksen Senate Office Building, Senator Lowell P. Weicker, Jr. (chairman of the subcommittee) presiding.

Present: Senators Weicker, Thurmond, Stafford, Kerry, and Simon.

OPENING STATEMENT OF SENATOR WEICKER

Senator WEICKER. Today is the subcommittee's first hearing to consider the reauthorization of the Rehabilitation Act, a program that, in 1985 alone, provided rehabilitation services to more than 900,000 disabled adults.

The record shows the effectiveness of vocational rehabilitation not only in the thousands of individual success stories but in terms of millions of dollars saved. For every dollar spent on vocational services, the lifetime earnings of the rehabilitated individual increases by $11. This is a long-term investment with a yield that benefits the entire Nation.

I made this point during the recent reauthorization hearings on the Education of the Handicapped Act, and I will make it again here—investment in our Nation's disabled citizens through programs such as these is a direct savings to the Treasury that would be lost if this commitment were to lapse for the sake of political or fiscal expediency.

Indeed, much more is required. A recent Harris poll showed that two-thirds of all disabled Americans between 16 and 64 are not working. In the face of these facts, this administration has proposed a $90 million reduction in State grants for vocational rehabilitation and a $136.5 million reduction overall. This reduction would result in some 85,000 fewer disabled adults receiving services in fiscal year 1987.

I will make clear in this subcommittee what I have in other forums: There is no automatic Gramm-Rudman cut for fiscal year 1987. The President has submitted his proposals and, following this and other hearings, we in Congress will shape ours. Clearly the call for deficit reduction is not a license to blindly reduce programs for the disabled. Those decisions must be made like any other; after serious cost benefit analysis combined with the compassion that made these programs a priority in the first place.

We will hear testimony today on various aspects of the Rehabilitation Act, including vocational rehabilitation, the client assistance program, recreation, and independent living.

Our sign language interpreters today are Dan Carccio and Janet Bailey of the Sign Language Associates here in Washington.

[Opening statement of Senator Stafford follows:]

OPENING STATEMENT OF SENATOR ROBERT T. STAFFORD

Senator STAFFORD. Mr. Chairman, I am pleased to join with you in welcoming the witnesses who will be testifying on the reauthorization of the Rehabilitation Act.

In the 65 years this program has been on the books, millions of handicapped individuals have received the services they needed in order to become part of this Nation's workforce. In the past 10 years over 10 million individuals have received services from the State Grant Program. Of this, over 2½ million persons were rehabilitated and are now taxpayers. For every dollar the Federal Government spends on rehabilitation it receives tenfold in taxes. Unfortunately, the current administration has consistently sought to reduce the funding for this program. However, the distinguished chairman of this subcommittee has also consistently fought to retain the integrity Congress established when the rehab program was first instituted.

In Vermont, the State voc rehab agency works in concert with the division of special education, the Projects With Industry Program [PWI], and with the Vermont Center for Independent Living to ensure the successful transition of handicapped individuals from school to the VR agency or ILC.

Since 1980, Vermont's PWI has had a total of 608 job placements with over $2.9 million in income generated. The PWI custom tailors its training program to both the individual's and the employer's needs. It has been a great success in creating a partnership between the private sector employers and the State voc rehab agency to train and place disabled persons.

Also, the Vermont Center for Independent Living plays a key role in the State in providing services to handicapped individuals. In the past year over 2,000 individuals have received assistance from them. In their latest evaluation it was stated that "VCIL has played a leadership role in Vermont as well as at the regional and national levels to promote the active involvement of persons with disabilities on key boards, task forces, and committees. This role is exemplified by the fact that VCIL staff and board members actively serve on 16 governing bodies, 9 advisory boards and 8 civic committees in Vermont. The organization has also played an active role with 18 other policy, planning, and advisory committees in the State to ensure the rights of persons with disabilities.

Mr. Chairman, I am sure Vermont is not the only State with exemplary programs, but I wanted to illustrate the importance of the Rehabilitation Act to my State. I look forward to hearing the testimony of the witnesses.

Senator **Weicker**. We will begin testimony this morning with Ms. Madeleine Will, the Assistant Secretary for Special Education and Rehabilitative Services.

All statements will be included in the record in their entirety. And, Madeleine, it is nice to have you before the committee.

STATEMENT OF MADELEINE C. WILL, ASSISTANT SECRETARY FOR SPECIAL EDUCATION AND REHABILITATIVE SERVICES, U.S. DEPARTMENT OF EDUCATION

Ms. **Will**. Thank you, Senator.

I appreciate this opportunity to testify on the Reauthorization of the Rehabilitation Act. I would like to discuss our recommendations for the reauthorization, particularly in light of our experience with the Rehabilitation Amendments of 1984.

We believe that comprehensive changes to the act would be premature at this time. I offer one specific and one general observation in support of this position. First, extensive evaluations of the projects with industry and centers for independent living programs have just been completed. Information from these evaluations, when thoroughly reviewed, is likely to yield recommendations for improving these programs which may require legislative action. Second, we have had limited experience with the changes made by the 1984 amendments and only a year to assess their impact following the promulgation of new regulations.

We do, however, have some proposals which we would like to present to the committee at this time. I will briefly describe these proposals, some of which are consistent with or similar to legislation recently reported by the House Committee on Education and Labor. We are also considering some additional amendments for including in the bill the Department will be submitting to the Congress in the near future.

I firmly believe in the purpose of the rehabilitation program and therefore will submit a request for a 5-year reauthorization of the act. This will be accomplished through specific authorization levels for fiscal year 1987 and such sums authority for subsequent fiscal years through 1991.

In the Vocational Rehabilitation State Grant Program, we will propose four changes:

First, an increase in the State match from 10 to 25 percent beginning in fiscal year 1987. I believe that it is appropriate for States to contribute a larger share of the support for vocational rehabilitation services. A higher matching ratio would still be very advantageous to the States and the program will continue to grow and serve handicapped individuals. This program enjoys bipartisan support at both the national and State level. We believe States are capable of providing the additional matching funds, as demonstrated by their ability to meet the State matching requirement as the funds appropriated by Congress have increased substantially in recent years. We believe also that increasing the State share is an appropriate way for the Department to stimulate improvement in the program. It is not a prescriptive approach, but one which should lead to higher quality programs because States will have more of a stake in its success.

Second, an amendment to section 101(a) requiring that the State plan include policies and plans for services to assist individuals in the transition from education to employment, and an amendment to section 103(a) designed to enhance the consideration of the role of technology in planning rehabilitation programs. The former provision would provide a clear legislative basis for close cooperation between State VR agencies, schools, and other service providers. As for the second provision, we believe that improved use of rehabilitation technology has the potential to increase opportunities for severely disabled persons to obtain employment.

Third, we will propose a provision designed to foster cooperative efforts between VR agencies and mental health agencies in order to increase services to persons who are chronically mentally ill. Services could be improved for these people, who present difficult rehabilitation problems.

Fourth, we will propose an amendment to subject rehabilitative medical services—except in cases of medical emergency—and maintenance payments to the existing requirement to determine whether similar benefits are available under other programs. We believe this will increase total resources available for rehabilitation programs and promote coordination between State agencies, without disrupting service delivery.

Under Section 120, Innovation and Expansion Grants, we will propose an amendment to authorize the use of these grants specifically to expand and improve supported work opportunities and transition related activities. This provision would be consistent with the use of funds under this section which was specified in the conference report accompanying the fiscal year 1986 Appropriations Act. Using innovation and expansion grant funds to develop supported work and transition programs allows us to link these activities more directly with the programs and operations of the State agencies. We will continue to carry out supported work projects under section 311 to demonstrate promising alternatives for the employment of severely handicapped individuals.

We will propose removal of current statutory language that the interpreter training program authorized by section 304(d)(1) be administered by the Office of Information and Resources for the Handicapped. Statutory requirements that programs be administered by specific offices remove administrative flexibility necessary for sound program management. In this case, we believe that administration of the program by RSA would provide a closer linkage with the overall training authority and a more appropriate administrative location of this program function.

Under Title VI, Projects With Industry, we will propose provisions to encourage greater use of on-the-job training for project participants and to require direct links with private-sector employers. We would like to see PWI programs increase their training and work adjustment activities to include more persons who are not job ready, in addition to the extensive placement effort which PWI's now perform

In Title II, Research and Training, we will propose the deletion of the provision in section 204(b)(1) which allows for the noncompetitive continuation of rehabilitation research and training centers. We firmly believe that the interest of quality research is best protected by competition.

Finally, we will propose that the positions of Commissioner of the Rehabilitation Services Administration and the Director of the National Institute of Handicapped Research be converted from Presidential appointments to secretarial appointments. This is done to make these positions equivalent to the Director, Office of Special Education Programs, to provide for better administrative flexibility, and to conform more closely to other similar positions in the Department.

This concludes my statement. I would be glad to submit for the record any clarifications and additional information you would like. I welcome the opportunity to work with you, Mr. Chairman, and with the other members of the committee.

I would be pleased to answer any questions.

Senator WEICKER. Thank you very much.

In your testimony, you recommend changing the State match from 20 to 25 percent for the vocational rehabilitation State grant.

Ms. WILL. Yes.

Senator WEICKER. And I understand the same provision is in the House bill.

Would you mind explaining to me how this will assist the rehabilitation agencies in serving 9 out of 10 eligible clients who are currently rejected by rehabilitation programs due to lack of funds?

Ms. WILL. Senator, we believe that it is very important, and it is a philosophical premise underlying this provision, to encourage the States to invest more in the rehabilitation program. They have already demonstrated a commitment to the program by matching the increases which have been appropriated in the past years, and we think they are capable of providing this additional amount of money.

Senator WEICKER. You recommend that the positions of Commissioner of Rehabilitation and Director of the National Institute of Handicapped Research be changed from Presidential appointments by the Senate to Secretarial appointments just like that of Director of Special Education Programs.

The Director of Special Education Programs has been vacant for 3 years and I would like to know why, on the basis of that track record, we should have any more Secretarial appointments rather than Senatorial appointments or Presidential appointments.

Ms. WILL. The basis for the recommendation is really a management and a structural one. We would like to have the three component heads similarly classified and described in the program, and feel that it would make for greater consistency and more effective operation.

We are actively following the schedule which we have outlined to you in correspondence with respect to the appointments of the recruitment selection and appointment of a Special Ed Director and hope to have that accomplished this spring.

Senator WEICKER. Well, again I repeat, I find it a little difficult as a matter of credibility without getting into the matter of the Director of Special Education Programs, you and I have gone around on that several times, both in public and privately.

On the basis of that track record, 3 years without a Director, why would I want to go ahead and give to the Secretary the appointment power? I do not understand that.

Ms. WILL. Actually it is not the case that there has not been a Director——

Senator WEICKER. Well, there has been an Acting Director.

Ms. WILL. No. There was——

Senator WEICKER. Well, we had a Director for a couple of years. Let us not go ahead and fudge or anything.

Basically you have not had a permanent Director of Special Education with the exception of one very shortly after you were in office.

Ms. WILL. Yes, that is true. But he left because he had explained to me, when he took the position, that he had business interests which he was pursuing, and finally——

Senator WEICKER. I do not dispute any of that. But I still say we do not have one today, and you know it just as well as I do. We are not going to have one because you and I discussed this the other day, we are not going to have one. At the earliest, we will be lucky to have one by August of September maybe.

Ms. WILL. No. I think we will have one at the end of May or early June.

Senator WEICKER. In May or early June. That is progress. But again I think I have made the point and I am not prepared to go ahead and give this power to someone who has been unable to exercise it.

My problem in all of this, you know, is that it is great to have the administration come up here and make their recommendations, but, invariably, they center around somehow getting out from under the funding obligation. The States ought to do it. The States ought to do it. Or in terms of the budget, we see the budget cut drastically.

Did it bother you at all? I mean I did not commission the poll, Congress did not commission the poll. This was not a GAO study. This was not, in other words, a creature of the legislative branch.

But did it bother you at all to see this Lou Harris poll commissioned by the Council on the Handicapped, appointees, in other words, of the President? Did it bother you to read that poll and see those statistics, two-thirds of these people between 16 and 64 are out of work, and two-thirds want to work? Does that bother you?

Ms. WILL. I thought that the——

Senator WEICKER. How do you relate that to the funding request of this administration?

Ms. WILL. I thought that the Lou Harris survey was a fascinating study. And I wish that we could generate more publicity about it and produce more such studies.

One of the interesting findings of the study was the fact that disabled individuals found that there were disincentives in the system that made it difficult for them to become employed, and that they were continually pushed into the direction of becoming dependent on benefit programs.

Senator WEICKER. Well, I just say you do not get away with that. Who was the gentleman that presented the poll? Humphrey Taylor specifically said that obviously the results of the poll called for greater Federal involvement, not less. That was absolutely his response. So there have been some disincentives. Obviously we are here to try to go ahead and make better programs. But making better programs, according to the administration, is to go ahead and take away the funding and say, well, it is the responsibility of the private sector and the public sector.

Do you have any idea of why the Federal Government is in these programs in the first place?

Ms. WILL. Yes.

Senator WEICKER. I think you are as aware of the history as I am.

What has changed? Why did the Federal Government get into it in the first place?

Ms. WILL. To provide services to people who could not assist themselves.

Senator WEICKER. Well, I agree with you.

But do you think maybe there was something of a necessity since neither the States nor the private sector wanted to touch it?

Ms. WILL. I think there is a strong justification for Federal involvement in this area.

Senator WEICKER. But in light–again I have to say, in light of the constituency to be served, in light of the Harris poll, I do not understand why, all of a sudden, there should be a greater State share, why in the President's budget request we should have a reduction in funds. I do not understand any of that.

I mean it is coming through so loud and clear. For once, I would like to have somebody like yourself sit up there and say, listen, you know, we ought to be doing more. That means we are going to spend more money. And, quite frankly, until such time as we see proof positive, the States are willing to contribute, the localities are going to contribute, and it is an obligation of the Federal Government to take on the chores.

Ms. WILL. I think that given the budgetary constraints which are imposed on us, the administration has taken a very assertive role with respect to reducing unemployment of handicapped individuals.

Senator WEICKER. What are these budget constraints imposed on us? Imposed on whom?

Ms. WILL. Just on us as a society——

Senator WEICKER. The President has imposed the budgetary constraint on this budget. He has.

Ms. WILL. I would like to make one more point, however, about the State agencies and the rehabilitation system in general which I think speaks to the question of resources.

Since 1973, there has been a priority on service to severely disabled individuals. And since that time, there has been a steady increase in the number of severely disabled individuals successfully rehabilitated. That is a very commendable record. But there still is one-third of the caseload of individuals made up of nonseverely disabled. And beyond that, out of the 83 States agencies, only 23 use the order of selection which they usually go to when they find themselves in the position of having inadequate resources.

Senator WEICKER. I want to read to you and to my fellow members of my committee the conclusion of Mr. Taylor on this poll that shows that two-thirds of the disabled population were out of work and two-thirds of those who are out of work want to work. And I again have to point out the figure that I am using here, of course, is far higher than any other segment of our population.

I know the deep concern that the members of this panel have shown over other situations, and properly so, that is, the high percentage of unemployed blacks, the high percentage of unemployed Hispanics, the high percentage of unemployed youth in both those areas. These are proper concerns. But they pale in comparison to this statistic. This is the biggest block in the United States. In terms of numbers, I think I am talking about 27 million, 27 million people.

In conclusion, this is Humphrey Taylor,

> In conclusion, sorry to have bombarded you with findings and numbers. Perhaps I can take a moment to recap the major points. Some of the news is obviously very good. Life for disabled Americans has improved dramatically in the last decade. Now, listen, a major reason for the improvement is the laws passed by the Federal Government. It is difficult to think of any other area where Federal legislation has produced such strong and positive results.

We have two members of the panel who have joined us, and I will just do it in order of appearance.

Let me ask first of all Senator Thurmond, as many times he has his duties to perform as President pro tempore.

Strom, can I recognize Senator Simon or do you have to rush out of here?

Senator **THURMOND**. I have to leave here at 10 to go to open the Senate. In fact, I need to leave in about 3 minutes.

Senator **WEICKER**. Senator Simon, is that all right with you?

Senator **SIMON**. Go ahead.

You will forgive me if I am a mite late to the Judiciary Committee, Mr. Chairman.

Senator **THURMOND**. Thank you.

I am going to open the Senate and go down to Judiciary and hope you will come right on down.

Senator **SIMON**. All right.

Senator **THURMOND**. Ms. Will, we are very pleased to have you with us. I have heard nice remarks about your work there, and your husband happens to be a good friend of mine too.

I am very interested in this program, however, and, Mr. Chairman, I want to say that under your leadership this subcommittee has been quite active in approving legislation which benefits the disabled citizens of our Nation.

In my opinion, there is no program with any jurisdiction of a subcommittee more important than vocational rehabilitation. For many years, I have been an ardent supporter of vocational rehabilitation, and am pleased to be present today as we hear testimony on the reauthorization of the Rehabilitation Act.

Citizens who are less fortunate than others should be given the opportunity to overcome obstacles which may confront them during the course of their lives.

Throughout the years, vocational rehabilitation programs have consistently demonstrated that proper training courses for the disabled can function as superior employees. I know of many in my State have benefited greatly from this program.

During this period of budgetary restraint, we should not forget cost efficient programs like vocational rehabilitation.

I am extremely proud that the South Carolina Vocational Rehabilitation Department is recognized as a national leader in providing the emotional and economic benefits which can be derived through vocational rehabilitation.

Mr. Chairman, I am committed to the goals of vocational rehabilitation and look forward to working with you and the other distinguished members of this subcommittee on this important authorization legislation. Unfortunately, schedule and conflicts prohibit my attendance for the full hearing today. However, I look forward to reviewing the written testimony of these fine witnesses at a later time.

And, Ms. Will, I look forward to reading your testimony, and we are very pleased to have you with us.

Ms. **Will**. Thank you

Senator **Weicker**. Thank you very much, Senator Thurmond.

Senator Simon.

Senator **Simon**. Yes. Thank you, Mr. Chairman.

I regret, because we have a Judiciary Committee markup, I am going to have to go down there for at least a short while.

And I commend you for your leadership, Mr. Chairman, and I do not have a hard time figuring out what your opinion is on anything either, Mr. Chairman.

I think—and we are in a sense pouncing on you, you are the messenger of the bad news, and it is unfair in a sense. But we also want you to be a messenger back to the administration. And I am concerned with what appears to me clearly to be a downgrade. Whether you look at what is requested in terms of who appoints, whether it is in terms of the budget. And as I look at the fiscal year 1986 compared to the President's request, that is a $136 million less, and just by rough calculation on inflation loss means another $41 million, which means a $177 million loss.

And clearly this is not a high priority within this administration. And that is what really concerns us.

Well, let me make another comment and then ask a couple of questions.

What I am concerned with occurs not only here, but in other aspects of the budget, and I think it is a good illustration. One of the great disservices this administration is doing is causing all of us who believe in vocational rehabilitation, all of a sudden we are fighting for the status quo. In fact, there is no such thing as status quo. You are either moving ahead or you are slipping back. And clearly we are slipping back.

You ought to be doing, and I am not picking on you here now, but I think the function of your job, and what we ought to be doing is dreaming about what kind of a tomorrow we can build in this area of vocational rehabilitation. Instead, what I hear from my staff is because of restricted funds, various groups within the handicapped community are now fighting each other as to who gets the fund. We should not have to do that. We ought to be dreaming about what we can do. And I want you to be part of that dream.

And I guess what I would like to have you do, in writing to me and to the committee, and I hope you do not get into too much trouble with OMB when you do it, I would like you just to spell out for me in response—I do not expect you to do this right now—spell out for me what you would like to see done in this Nation in this area of vocational rehabilitation if there were not budgetary restrictions. OK?

Ms. WILL. Yes; Senator.

Senator SIMON. And I recognize that that answer will differ appreciably with what is the administration line right now. And you are not speaking about what you are advocating tomorrow.

But if we really made a priority of this, what would we be doing? So, if you can spell that out.

Senator WEICKER. And then, as I glance through your statement very briefly, when we ask the States to go from 20 to 25 percent, do we have solid evidence that the States will pick this up and this will not impair the program?

Ms. WILL. Yes; Senator. We believe that on the basis of States' performance the past several years that they are able to provide more funds. And it is important to do so because I think they become more invested in the program, more interested in policy deicisions which have to be made.

This is one of the programs with the highest Federal contribution, the 80-20. And we think that the request of the provision that we are suggesting is a modest increase that we are suggesting States assume.

Senator SIMON. And I agree with your statement. So it is a relatively small increase and it is a relatively high, not as high as 90-10 on highways, a few other things, but relative to many other matching grants, it is relatively high.

But you have no evidence that any States are going to curtail or cut back their programs at all because of this?

Ms. WILL. No, we do not.

Senator, may I make—I wanted to respond to one point you made.

I think you are misconceiving the intent of these provisions. So one thing I would like you not to conclude is that the administration has less of a commitment to this program, specifically with respect to the authorization levels and the changes we are suggesting with respect to the appointments of Commissioners.

In preparing the budget, we came up with justifications for reducing programs for adopting certain levels of funding across the Department. And there is a strong commitment to supporting programs for the disadvantaged and the handicapped, although we cannot do as much as we would like, cannot recommend as much as we would like. This is the least drastic of the reductions that are being recommended.

And with respect to the appointment——

Senator SIMON. Before we get on the appointments, I do not question for a moment your commitment. I do question the administration's commitment.

When you come in here—you know, the administration is committed to defense because I see it in their budget. The dollars go up. When the dollars go down, I do not accept that an administration is committed to really moving ahead in a program. So I have to say, you know, and I understand that you have to be somewhat defensive of this administration. That is part of your job. And I understand your personal commitment.

But the administration is clearly not making a high priority out of this. And I do not think there is any other conclusion you can draw.

Ms. WILL. I think that the President himself in establishing an initiative to reduce unemployment among disabled people in 1983 was demonstrating his commitment.

We developed a pilot program and sought increased appropriations for that. We have worked with other departments and other agencies. In addition, we are targeting for review regulations that seem to create these disincentives which are so difficult for disabled individuals to overcome.

With respect to the appointments, the purpose is simply to create a more efficient Office of Special Education and Rehabilitative Services Administration.

If you look across the Department—I do not know about other agencies—but about the Department, I do not think you will find one principal operating component that has three Presidential appointments. And it is simply really a housekeeping organizational recommendation.

Senator SIMON. I guess what concerns me is when I look at the combination of that and the budget, I have been in this body long enough and have been in Government and politics long enough, that I start putting equal signs and the eventual—what they equal is not the commitment that I know you have. And I guess the message that the chairman and I hope you will bring back to the administration is we want to see a higher priority.

Then, if I may, just one final question, Mr. Chairman, and I do not know anything about this.

But in title II, and I have not had a chance to discuss this with my staff, I just noticed this in your question, research and training, you say we will propose the deletion of a provision in section 204(b)(1) which allows for the noncompetitive continuation of rehabilitation research and training centers. We firmly believe that the interest of quality research is best protected by competition.

Now, in general, I believe in competition. You know, in the defense area we do not have anywhere near the kind of competition we should. But are there not areas of specialty that some entities have where, in fact, competition is just not practical in this program? Maybe I am wrong.

Ms. WILL. Well, the principle of competition is we feel very important to protect is helping and constructive for professionals to have to submit proposals and go through the peer review process. But I would say, in answer to your question, that we reserve the right to identify a particular center as a national resource providing service or doing work in an area that cannot be replicated where the loss of such a center would be an irreparable loss, creating irreparable damage to the system. And we would continue to fund such a center.

So, in general, we are endorsing the competitive principle but with a small qualification that, under certain circumstances, we would continue the center.

Senator SIMON. I thank you.

Thank you, Mr. Chairman.

Senator WEICKER. Thank you very much, Senator Simon.

Just three comments on Senator Simon's questions and responses thereto.

No. 1, it seems to me that it might be more appropriate to ask the States to do more if we are going to do more. Now, that might be an incentive and we can all get on the right track. To say you do more, we are going to do less, sort of indicates to me that what you are trying to do is to shift the responsibility.

Point No 2, I am delighted to hear about the President's initiative in 1983 to reduce unemployment. I do not quite understand how when 87,000 fewer clients will be served by his budget, his 1987 budget which, indeed, has everything to do with employment. That is what these services are for, that disabled individuals might be employed.

And then lastly, and I want to make this point clear, because not only is Madeleine Will a lovely lady, but you are a dear friend of my wife's, and she thinks you are a wonderful person. And just so I clear the record up, I think Nancy Reagan is a lovely person.

But on the basis, not of my opinion, but on the basis, as Senator Simon indicated, of the dollars requested, at least during my tenure as chairman of this subcommittee, Ronald Reagan is anti-handicapped, period.

Senator Kerry.

Senator KERRY. How can I follow that? [Laughter.]

You said it.

Mr. Chairman, thank you, and Madam Secretary, I apologize for being late. As you know, we are running from one to another, and I hope you will bear with us on that.

I would like to particularly welcome two expert witnesses who have traveled from my home State of Massachusetts to be here with us, Elmer Bartels, our State commissioner of rehabilitation, and Charlie Carr, the president of the New England Independent Living Program, and I look forward to their testimony.

Let me just say that I personally could not agree more with both our chairmen and Senator Simon. I am new here, but one of the things one learns to do very quickly, whether you are new or not, is make a measurement of what is real and what is not.

And as we watch ourselves being thrust into a position of making some very tough budget choices, I feel personally, not only frustrated, but somewhat outraged by the fact that we are watching every single human service delivery system, whether it is handicapped or otherwise, reduced and reduced and reduced. While other choices are being made with respect to, for instance, the defense budget or even some other segments of the budget which do not reach out to the needy quite as much.

So I share with the chairman the hope that somehow those of you who I know are committed to this can make a difference within the administration because in the final analysis it is going to be measured by what the administration does.

I know the Rehabilitation Act has done a great deal of good in many different ways. But when you look at the fact that we are servicing one out of 20 potential recipients of services under that act, one out of 20, and even though we reach some 935,000, that leaves millions literally, millions who are not able to make choices or have even an opportunity to ever exercise their full potential.

Now, I do not know how anyone in public life can feel satisfied with that. I just do not think you can. And it is not enough to say we are not satisfied with it. And then not put some extra money into the budget to deal with it. I mean that is the measure of satisfaction in this particular process.

Now, there are other things programmatically that we all know we could do and must do. But I guess some of us have some questions about whether or not those are going to be done or are being done.

To that end, let me ask you perhaps this question first off.

You have stressed the need in the past for strong transition system. And I wonder if you think there is a need, and if there is a need, what are we doing about it now for more coordination between special education and rehabilitation, and what do you think about the special education in independent living centers in that context?

Ms. **Will**. I think both of those tasks are very important, and we feel that both special ed and the rehabilitation system are responding. We are trying to promote as much coordination between the two systems as possible. We are seeing the development of cooperative agreements between various service agencies at the State level to help develop transition plans for youngsters. We have special appropriations in the area of transition. We are developing models, we are conducting research. Now we are asking that there be consideration of the problem of transition in the development in the rehabilitation plan for clients, something we strongly encourage.

And I think there is also a role for the Independent Living Centers in terms of addressing the needs of the transition population. They provide a range of services now. I think they can be useful in identifying specific funding streams, other kinds of resources that clients might have.

Senator **Kerry**. What can you share with us? I mean what specific, if any, steps are being taken to guarantee that or to implement that coordination this morning?

Ms. **Will**. Well, I mentioned the cooperative agreements and what we see. They vary. Some of them are general coordination agreements, and others actually involve more specific provisions that relate to placing vocational rehabilitation counselors in high schools so that they actually have contact, get to know individual youngsters who are about to graduate, can begin working with them before they enter their rehabilitation system. And some cooperative agreements actually involve the pooling of funds.

I have seen—in one State, there is legislation which has been passed, in the State of Massachusetts, which has created a transition authority, and that is actually the very first such piece of legislation.

Senator **Kerry**. The turning 22?

Ms. **Will**. Yes.

Senator **Kerry**. I have three other questions I want to submit to you in writing, if I can, Mr. Chairman. I know we are pressed here and we have several other panels. There is just one area of inquiry I would like to very quickly pursue with you for the record.

Did you ask for more money internally from OMB or in your budget request this year?

Ms. WILL. The process is such that we are given the ability to request funds at different levels, given the uncertainty and final decisionmaking in congressional decisions. So that we go through the process with expectations that are really not guaranteed. But we do move.

Senator KERRY. Did you suggest to OMB that their expectations were inadequate?

Ms. WILL. We suggested that there be a high priority placed on services to disabled and culturally disadvantaged citizens and that more opportunities be created for these individuals.

Senator KERRY. Were you disappointed in what they permitted you?

Ms. WILL. Well, I was pleased that, as I mentioned earlier, I feel this is the least draconian of the potential reductions.

Senator KERRY. Well, I guess I will not pursue it now, but I share—again I reiterate I think it is really sad when we are reduced to choosing the least draconian as opposed to aspiring something better. And I sure hope we can somehow turn that around.

Thank you very much.

Senator WEICKER. Thank you very much, Madeleine.

There are further questions which will be submitted to you for response, both by the chairman and others.

Our first panel consists of the following: Elmer Bartels, the commissioner of the Massachusetts Rehabilitation Commission; Dave Daugherty of the National Association of Rehabilitation Facilities, Hartford, CT; and Bob Nichols, a rehabilitation counselor from East Ely, NA.

Gentlemen, it is nice to have you here and all of your statements in their entirety will be placed in the record.

Please proceed in the manner that is comfortable for you. And we will start off in the order of the announcement. So, Mr. Bartels, you will start out. Questions will be withheld until all of you testify.

STATEMENTS OF ELMER C. BARTELS, COMMISSIONER, MASSACHUSETTS REHABILITATION COMMISSION, BOSTON, MA; DAVID V. DAUGHERTY, PRESIDENT, HARTFORD EASTER SEAL REHABILITATION CENTER ON BEHALF OF THE NATIONAL ASSOCIATION OF REHABILITATION FACILITIES; AND BOB NICHOLS, VOCATIONAL REHABILITATION COUNSELOR, EAST ELY, NV

Mr. BARTELS. Mr. Chairman, it is a pleasure to be before you and your committee members here today. It is also a pleasure to have Senator Kerry, our good Senator from Massachusetts as a member of the Senate Subcommittee on the Handicapped.

I am Elmer Bartels, commissioner of rehabilitation in Massachusetts, and have been so since January of 1977.

I certainly have appreciated your leadership, Mr. Chairman, in the area of serving people with disabilities. I have had the opportunity to hear you speak at Assumption College when you received your honorary doctorate degree, and fully understand your perspectives with respect to serving people with disabilities in vocational services and special education service.

We have also had the pleasure of working in Massachusetts with Senator Kerry during the time that he was our Lieutenant Governor.

I am testifying today as commissioner of the State Vocational Rehabilitation Agency of Massachusetts, and also as a member of the Council of State Administrators of Vocational Rehabilitation and the 50 State directors, 50 State agencies, and the 25 agencies for the blind.

There I would like to speak most specifically about the Rehabilitation Acct under title I especially. This act for me has certainly stood the test of time. Twenty-four years ago, I was a client of the State Vocational Rehabilitation Agency of Massachusetts. I was eligible at the time based upon a vocational goal then to be a nuclear physicist. And at that time the world was a hostile world with respect to serving people with quadriplegia. There were no transportation systems. Accessible housing was not available. Architectural barriers were everywhere. Expectations for what individuals with quadriplegis could achieve in the business world, let alone living, were minimal or nonexistent at best.

I was provided with educational services and received a master's degree in nuclear physics. And I was assisted in finding my first job as a programmer at the Massachusetts Institute of Technology. And based upon that, I started my career, my working career.

It is interesting to note that my vocational objective was not to be the commissioner of rehabilitation in Massachusetts, though that is where my career has in fact taken me. And I am pleased to be in that position.

So I would also like to speak to you today as the State director, my view from the top, and what do I see of the State Vocational Rehabilitation Agency and its service delivery system.

The eligibility criteria defined in the act certainly has withstood the test of time. The availability and the flexibility of services that could be provided, really any service to assist an individual with disability to achieve a vocational goal. The vocational goal itself is an indication of where an individual is trying to go in terms of their employment focus. And the closure orientation of the program, that has allowed us, as advocates in disability, the State agency has the policymakers to go to our respective legislative bodies, whether it be in the Federal Government or in the State government, who say we are indeed running an accountable program.

Each year, we rehabilitate so many thousand people. Nationally, it has been 935,000 people in 1985. And we are doing it in 1986 and we are probably going to be doing the same numbers and hopefully a tad better in 1987, really based upon the availability of resources.

In 1973, we added some very important enhancements to the Rehabilitation Act. We added the requirement for an individual rehabilitation plan. We added the emphasis on providing services to people with severe disabilities. We added the alternative of creating an order of selection when adequate moneys were not available for the State to run these programs. We added consumer involvement programs to assure that people with disabilities were involved at the State level and the delivery of policymaking around vocational rehabilitation. We added improved appeal procedures, we added client assistance projects, and we added, most importantly also, title V which assured the rights for services and employment for people with disabilities.

The Rehabilitation Act is an outstanding piece of legislation as it stands today. And from my prospective, both as a client 24 years ago, and as the State director today, I would say that the vocational rehabilitation program and the Rehabilitation Act overall has withstood the test of time. And the process has basically remained the same.

Another point I would like to speak to today is the Federal leadership with respect to the rehabilitation program.

For myself, I dub it as being demoralization from the top.

Administration spokesmen have really neglected, from my point of view, title I of the Rehabilitation Act, and more recently an act in title VII.

There has been an emphasis placed on projects with industry, which I support, and we in Massachusetts have an outstanding one. We hear about special projects and we in Massachusetts have those too, and we support them. We hear about research, and we support research. These are all very good activities. But no one is talking about the bread and butter of the vocational rehabilitation program.

The relationship between the counselor and the client and the provision of rehabilitation services to assist an individual achieve a vocational goal. That is the heart of the rehabilitation program.

The service delivery system has been doing an excellent job over the last 45, 50 years that it has been in business. Nationally, we rehabilitated 935,000 people last year. But what we see from the administration is really demoralizing from my point of view. We have been chastised or ignored for the results that we have produced year in and year out. We have been Gramm-Rudmanned, we have been formulaed out of money, we have been sequestered out of the necessary resources to do the job. We have been rescinded from available money, and we are proposed to be level funded by our administration. And, at the same time, we have suffered the loss in 1980 of the Social Security vocational rehabilitation money which, in Massachusetts alone, cost us $2.6 million which has not yet been restored with the reimbursement program under the Social Security Vocational Rehabilitation Program.

At the same time, inflation is eating away at the program, and from 6 to 8 percent each year in staff and in purchase for service money. Nobody in the administration seems to care about this issue.

The State Legislature in Massachusetts has been very supportive. But that really is not enough given that this is a federally-defined program and Federal support has been such a key part of the vocational rehabilitation program.

From my perspective of the Congress, this committee and the committee on the House side, the authorizing committees, the Budget Committees, the Appropriations Committees have really been our only hope in providing a sound vocational rehabilitation program for people with disabilities in this country, and we certainly appreciate that in the States.

I would also like to comment briefly on the comprehensive services for independent living under title VII. We have a significant investment in 150 or more independent living centers in this country. I think that that investment needs to be continued and protected under the reauthorization of the Rehabilitation Act as being done this year. And to support part C and to build title VII, part A, which I might mention was proposed to be rescinded by the administration, and reallocated to other arenas.

The methodology of providing independent living rehabilitation services, we have found the Independent Living Centers to be an excellent methodology for providing services and the development of a comprehensive service delivery system under part A, as defined in the Act. It is very sound and needs to be supported.

We in the States wish to provide the services to help individuals with disabilities live lives that are independent, based upon comprehensive services, and that will lead into vocational services so that people can become financially independent through work.

Title I and title VII are inextricably linked in this marriage between the desires of people with disabilities to live independently and move into vocational goals and employment.

Please continue your support for the evaluation has proven that the independent living methodology is even better than we had expected.

We are urging you to reauthorize the act for 6 years. We do not see any requirement for substantive changes in the act. All we need is the money to do the job. We need to be able to get ahead of inflation and restore the capacity of the State agencies around this country to do the job that we all wish to do.

Thank you, Mr. Chairman, for the opportunity to present my prospective as a past client of the rehabilitation program, as a State director in Massachusetts, and a representative of my fellow State directors who are providing rehabilitation services for people with disabilities around this country and trying desperately to do a good job.

Thank you very much.

[The prepared statement of Mr. Bartels representing the Council of State Administrators of Vocational Rehabilitation follows:]

TESTIMONY OF THE
COUNCIL OF STATE ADMINISTRATORS OF VOCATIONAL REHABILITATION

The Council of State Administrators of Vocational Rehabilitation is an association comprised of the chief administrators of the Public Rehabilitation Agencies for persons with physical and/or mental disabilities in all the states, the District of Columbia, and our Nation's Territories.

These Agencies constitute the state partners in the State-Federal Program of Rehabilitation Services for persons with disabilities as provided by the Rehabilitation Act of 1973. The statute was most recently reauthorized in February of 1984, by Public Law 98-221.

Since 1940, the Council has served as a forum for State Rehabilitation Administrators to study, deliberate, and act upon matters bearing upon the delivery of rehabilitation services to persons with disabilities. It has enjoyed a quasi-official status as an active advisor to Federal administrators in the formulation of National policy and program decisions, and has been an active force in strengthening the effectiveness of service programs for disabled Americans.

THE REHABILITATION PROGRAM

The primary purpose of Vocational Rehabilitation Services is to render "employable," through the provision of, literally, any service necessary, eligible persons with mental and physical disabilities who, because of the severity of their handicapping conditions, are unable to secure and/or hold employment.

The core of America's Rehabilitation effort is the 65 year-old State-Federal Program devoted to providing a variety of comprehensive Rehabilitation Services to physically and/or mentally disabled adults.

At the center of this Program is the State Rehabilitation Agency which provides for and/or coordinates a wide range of services for eligible persons with disabilities, which are provided with the cooperation of, and/or through, private, non-profit, community-based service providers and facilities.

To this effect, states have developed formal, cooperative programs and agreements with a wide array of public and private agencies, and service and consumer organizations.

These efforts continue to demonstrate the flexibility of administration which is possible within the legal parameters of the Rehabilitation Act.

In the past several years, cooperative efforts at the local level have led to the establishment of formal, National cooperative agreements between the CSAVR and such groups as the Arthritis Foundation, the United Cerebral Palsy Associations, the National Easter Seal Society, the National Head Injury Foundation, the American Cancer Society, the American Heart Association, the Veterans Administration, the National Multiple Sclerosis Society, the Epilepsy Foundation, and other major organizations.

THE REHABILITATION ACT

Most persons agree that the Rehabilitation Act, as currently authorized, is the most complete and well-balanced legislation in the Human Services field.

In one Act, provisions are included for a (1) comprehensive and individually-tailored program of vocational rehabilitation services; (2) a training program; (3) a research program; (4) a program providing comprehensive services in independent living; (5) a rehabilitation facilities program; (6) a community services employment program; and (7) a special projects program.

For the Rehabilitation Program to be effective, there must be trained personnel to work with persons who are disabled; research to reveal new knowledge and techniques; a comprehensive program for the provision of independent living services to persons who are so severely disabled that they may not benefit from vocational rehabilitation services; facilities in which disabled individuals may be served with optimum care and expertise; and special demonstration projects to test new knowledge in practical settings. Agencies must also be encouraged to initiate new programs as well as to expand existing ones in order to apply emerging knowledge to new groups of individuals with disabilities.

This BALANCED emphasis embodies the elements necessary for a successful rehabilitation program to be provided through a Nationwide network of public and private, community-based, service providers.

This approach has enabled millions of persons with disabilities to be rehabilitated from dependency to employment and productivity.

The Rehabilitation Act of 1973 is a model of what can be done in the Human Services field.

The Council of State Administrators of Vocational Rehabilitation fully supports each facet of this process and every provision of the Rehabilitation Act.

We are of the strong contention that if Congress were to amend or rescind substantive portions of this law, it could severely unsettle the balance that makes this program one of the most -- if not the most -- balanced and effective programs in the Human Services area, as well as one of the most cost-efficient.

EXTENSION OF THE ACT

The Council strongly urges the extension of the Rehabilitation Act for, at least, six years, with adequate authorization levels for all programs through Fiscal Year 1992.

This extension is needed to insure stability, as well as to insure the continuation of the provision of quality services to the millions of disabled Americans who are in desperate need of Rehabilitation.

This six year period will give the States a clear indication of the future Federal commitment to the Rehabilitation Program and to persons eligible for services.

We urge swift action by the Congress to reauthorize this law, for it is imperative that States have the necessary lead time in planning for future programming, policies, and resource needs.

State Legislatures, many of which are currently in session, or are nearing the end of their session, require advance knowledge of Federal Authorization levels for future years in order to provide state matching financial resources. As we meet today, there is no authorization figure they may use for planning for the next fiscal year.

NEED FOR FEDERAL LEADERSHIP

For any Program to be successful and effective, it must have three main pillars of support.

It needs (1) flexible enabling legislation; (2) strong, effective, experienced leadership; and (3) adequate appropriations based on the universe of need.

First, the State-Federal Rehabilitation Program -- in fact any Program -- vitally needs strong, committed, and knowledgeable National Leadership.

Unfortunately, the Rehabilitation Program does not now have this.

Programmatic leadership is not coming from the Administration, from the Department of Education, from the Office of Special Education and Rehabilitative Services (OSERS), or from the Rehabilitation Services Administration (RSA).

This Subcommittee is well aware of the form this lack of Leadership takes.

It has noted the obvious decline in the number and quality of professional staffpersons within the branches of OSERS; it has noted the lack of funds for meaningful technical assistance to service providers; it has noted the lack of Federal commitment to obtaining timely and accurate Rehabilitation Program data and statistics; it has noticed the delay in the issuance of grants; and it has noticed the lack of proactive recommendations to extend or adequately fund the programs over which the OSERS has jurisdiction.

Furthermore, service delivery experience, Program knowledge and historical perspective have all but been removed from the Rehabilitation Services Administration.

At higher levels of Government, for at least the past decade, the Rehabilitation Program has been faced with Executive Branch proposals to Block Grant, decrease, and/or repeal all or significant parts of this Program.

This year alone, the Rehabilitation Program, and persons with mental and physical disabilities, have been set back by proposals to rescind, cut, eliminate, and/or level fund on-going, important Programs for persons with disabilities.

It is no small wonder that the process of Reauthorization has been beset by divisions within the Rehabilitation and Disabilities communities.

It is not surprising that some persons with mental and physical disabilities, and the professionals who serve or advocate with them, are demoralized and disheartened when they look to the future.

At a time when Federal Leadership is most called for, it is most noticably lacking.

In the absense of Federal Leadership, we continue to turn to this Subcommittee, and to the Congress, for guidance and assistance.

Now, during this reauthorization process, we again turn to you to ask that the flexible enabling legislation be protected; that the Act require the appointment of qualified, experienced Federal Officials; and that funds, based upon the need of eligible persons with mental and physical disabilities, be authorized.

AUTHORIZATION LEVELS

Rehabilitation Service Grants, authorized by Section 110 of the Act, are the lifeblood of the Vocational Rehabilitation Service Program. This Section of the Act finances the provision of a multitude of Vocational Rehabilitation Services to eligible individuals whose disabilities constitute substantial handicaps to employment.

For the past years, the number of persons served and rehabilitated has been decreasing. This unfortunate -- indeed tragic -- occurrence can be attributed to several factors.

For over a decade, the Rehabilitation Program has been the victim of escalating medical and other service delivery costs which have far outpaced inflation.

It has faced a sharp decline in the purchasing power of the "service dollar."

It has experienced, since 1981, an annual loss of over $122 million in Social Security funds previously used to provide Rehabilitation Services to SSDI Beneficiaries and SSI Recipients.

Due to the increased costs of serving individuals with more severe disabilities, and the deterioration of the purchase power of the "service dollar," there has occurred a marked decline in the number of persons served annually by State Agencies. These have declined from a 1979 level of 1.1 million persons to approximately 935,000 in FY 1985.

Alarmingly enough, our best estimate is that the State/Federal Rehabilitation System is only able to serve one out of every twenty persons who are eligible for services.

There does not exist any sector of our Nation's workforce which experiences more unemployment than persons with disabilities.

This has most recently been confirmed in a poll by Louis Harris and Associates, and in Toward Independence, this year's report to the Congress and the President by the National Council on the Handicapped.

However, Bi-partisan Congressional efforts of the last few years have begun to show some progress to reverse declining trends in the numbers of persons served.

In FY 1984, for the first time in nearly a decade, the number of persons with disabilities served did not significantly decline. This trend continued in FY 1985.

Also, in FY 1985, the Program served the highest percentage of persons with severe disabilities, 63.2 percent, in its history, and the actual number of severely disabled persons served increased for the second year in a row -- the first such two-year period of increase in eleven years.

The authorization level for FY 1987 must be set so as to continue efforts to restore the purchasing power of the Rehabilitation Program Service dollar and to meet the overwhelming need.

We, therefore, recommend a Fiscal Year 1987 authorization level of, at least, $1,379.4 million for Section 110.

Also, significant authorization increases are needed beyond FY 1987, if the State-Federal Rehabilitation Program is expected to serve people, at a level equal to, or above the numbers served in 1979.

The Council also urges the Congress to make mandatory the "forward funding" provision in Section 4 of this Act.

This provision, activated in many other Department of Education Programs, has never been utilized.

As recently as 1984, a Congressional Report urged the use of forward funding by stating that now more than ever "States need to adequately plan in order to make maximum use of federal monies. Good economic sense, as well as improvement of services to handicapped individuals, would be the result of such action by the Congress."

COMPREHENSIVE SERVICES FOR INDEPENDENT LIVING

Part A, of Title VII of the Rehabilitation Act, establishes a State Grant Program to individuals with disabilities so severe that they do not presently have the potential for employment, but may benefit from rehabilitation services in order to live and function more independently.

When Title VII was enacted in 1978, a substantial new service delivery system was envisioned with sufficient funds available to develop effective long-range plans and services. Such funds have never been sought nor have they been appropriated by the Congress.

Contrary to the Administration's proposal to eliminate the small appropriation for the Comprehensive Services Program, it is now time for it to be fully implemented.

This will supplement the work being done by the Centers for Independent Living under Part B.

While no authorizing changes are needed to accomplish this task, it would be negligent to fail to bring this need to the attention of the Subcommittee.

Funds are needed to devise, at least, an equitable state distribution procedure for Part A Service Grants, in addition to a continued funding base for the Part B Centers for Independent Living and the Older Blind Individuals Program in Part C.

APPOINTMENT OF QUALIFIED FEDERAL LEADERS

The Council strongly believes that qualifications for the Assistant Secretary of Special Education and Rehabilitative Services, and for the RSA Commissioner, should be written into the law. This would assure that individuals with substantial experience in Rehabilitation be appointed to these important positions.

These recommendations might well enhance the level of expertise and commitment of our Federal Rehabilitation Leaders.

STATE MANAGEMENT AND PERSONNEL

The Council believes that quality technical assistance must be provided by and through the Federal Government to service providers.

In the past, the provision of quality and cost-efficient Technical Assistance services provided to State agencies and Rehabilitation facilities allowed Rehabilitation facility managers to use more cost-efficient management techniques, and thus, to provide better services.

These Technical Assistance services, once provided under Section 12 of the Act, should be restored.

AUTHORIZATION LEVELS FOR OTHER PROGRAMS UNDER THE ACT

We suggest the need for specific authorizations levels for Fiscal Years 1988 through 1992, for Rehabilitation Service Grants, at levels equal to, at least, increases in the cost-of-living, plus such additional sums as the Congress may appropriate.

With respect to other Programs authorized by the Act, the Council recommends that all authorizations be set at "such sums as may be necessary."

The Council and its eighty-three members stand ready to provide assistance to this Subcommittee as the Reauthorization of the Act continues to be considered.

We compliment the Subcommittee, its Chairman and Staffpersons for your great concern for the Rehabilitation Program and for persons with mental and physical disabilities.

Senator **Weicker**. Thank you very much.

The next witness is Dave Daugherty, of the National Association of Rehabilitation Facilities.

Mr. **Daugherty**. Good morning, Senator Weicker, Senator Kerry. My name is David V. Daugherty. I am president and executive director of the Hartford Easter Seal Rehabilitation Center in Hartford, CT.

The Hartford Rehabilitation Center is a comprehensive medical and vocational rehabilitation facility that serves approximately 500 clients per week in a wide range of services which are designed to help them become functional and productive citizens.

I am here today on behalf of the National Association of Rehabilitation Facilities, NARF, on whose board of directors I serve. NARF is a membership organization composed of over 500 rehabilitation facilities and 23 affiliated State chapters.

Mr. Chairman, your leadership in advocating for programs for people with disabilities is unparalleled. Coming from Connecticut and having you as our Senator, that is very pleasing to know that and to be able to say that.

This subcommittee has singularly been responsible for the development and retention of most legislation which has a positive direct impact on thousands of lives every year. The reauthorization of the Rehabilitation Act to the field of vocational rehabilitation is extremely important because the act provides the basic support of an impressive network of community services to people with disabilities. Without the act and its multiple facets, there would be a collapse of a system which provides services to thousands of disabled workers in competitive jobs each year.

There are several areas in the Rehabilitation Act about which I would specifically like to comment at this time. NARF has provided extensive written comments for the record, including specific legislative language for this subcommittee's consideration.

First, support of employment. Rehabilitation facilities have been providing a variety of supported employment programs for many years. At the Hartford Rehabilitation Center, we have enclave programs, such as those that we operate at Command Aircraft and Aetna Life Insurance Co., providing supportive employment to approximately 20 persons with severe disabilities.

The recent emphasis on supported employment is welcomed. However, we must be careful that we do not make fundamental changes to the Rehabilitation Act without fully realizing the impact of these changes. NARF supports a major demonstration program focused on supported employment which will develop the models, identify impediments, and find ways to replicate successful programs. NARF's proposed language would provide for at least two programs of national scope and an annual report to Congress on progress of the programs.

We think it is premature to add supported employment as a basic service to be provided under title I. The focus of the basic State grant program to continue to be placement into full competitive employment. To add supported employment services under title I at this time without substantial funding increases, specifically to cover such services, could result in many severely disabled persons who now would receive rehabilitation services being denied services so that a much smaller number of more severely disabled persons could be provided with supported employment.

PROJECTS WITH INDUSTRY

The Hartford Rehabilitation Center enjoys a strong relationship with the New England Association of Business, Industry and Rehabilitation. It is Connecticut's PWI project. This networks enables our staff to tie into a statewide initiative that links qualified workers with disabilities to employment opportunities in business and industry. NARF urges the Congress to continue the programs presently funded under Projects with Industry.

Our recent report to Congress, which you requested, Mr. Chairman, on PWI found the program to be very effective and meeting the goals of the legislation as well as being welcomed by business and industry.

PWI utilized business advisory councils and tie a community based organization, such as vocational rehabilitation facilities, in with business and industry representatives. Many business representatives do not like the red tape associated with many State-Federal programs and tend to shy away unless a local nonprofit organization can coordinate the efforts. Congress should significantly expand this program and make it more widely available as a service delivery program.

TRAINING

A most unique aspect of the Rehabilitation Act is a facility administration training program. Unfortunately, there seems to be a low priority for such programs by RSA because of the 12 programs in place 2 years ago, four have already been eliminated and two more are in jeopardy this year, including the one based at the University of Hartford. If the University of Hartford program goes out of business, it will have a devastating effect on vocational rehabilitation facilities in New England. This is particularly perplexing since due to your efforts, Mr. Chairman, funding for training programs has been increased from $22 to $27 million, a 23-percent increase.

The rehabilitation facility administration training program is the only low cost field responsive program of its kind in existence in the area. Many people from the Hartford Rehabilitation Center have taken advantage of these programs and to a proportionate degree the truly excellent services that our facility provides as directly related to such training. There is much turnover in rehabilitation facilities. Within 2 years, the state of affairs in many facilities would be poor without such training opportunities.

NARF strongly urges that training not be placed on the extension list. The world of technology moves quickly and the field needs more quality programs such as that at the University of Hartford.

FACILITY TASK FORCE

RSA has estimated that about one-third of rehabilitation service dollars are spent in rehabilitation facilities, yet there has been little focus on facilities or facility issues within RSA. An effective means of communication between RSA and facilities had been a facilities task force. One meeting of the RSA task force has been held this year, the first in over a year and a half. Again the field is told that this mechanism for direct input from the field from facilities is in jeopardy because of budgetary concerns.

NARF recommends that the task force be continued in law, but that representatives of facilities be expected to pay their own way to the meetings. RSA should continue to provide staff liaison activities, including, but not limited to, notification of meetings, maintenance and mailing of minutes and preparation of discussion materials.

Mr. Chairman, this concludes my statement. The written testimony that has been submitted on behalf of NARF addresses several other issues of great importance. Those issues include international activities and the need to better disseminate information resulting from federally-funded research to rehabilitation practitioners, including rehabilitation facilities. These are contained in the additional written statement submitted for the record.

That statement also provides additional background on the issues I have discussed here.

I appreciate this opportunity on behalf of NARF to appear before you and the subcommittee, and I will be glad to answer any questions you or Senator Kerry have.

[The prepared statement of Mr. Daugherty follows:]

NATIONAL ASSOCIATION OF REHABILITATION FACILITIES

John E. Lapidakis
President

John A. Doyle
Executive Director

TESTIMONY OF

DAVID V. DAUGHERTY, PRESIDENT
HARTFORD EASTER SEAL
REHABILITATION CENTER

ON BEHALF OF THE
NATIONAL ASSOCIATION OF
REHABILITATION FACILITIES

BEFORE

SUBCOMMITTEE ON THE HANDICAPPED
UNITED STATES SENATE

MARCH 20, 1986

P.O. Box 17675, Washington, D.C. 20041 • (703) 556-8848

Good morning, Mr. Chairman. My name is David V. Daugherty. I am President and Executive Director of the Hartford Easter Seal Rehabilitation Center in Hartford, Connecticut. The Hartford Rehabilitation Center is a comprehensive medical and vocational rehabilitation facility that serves approximately 500 clients per week in a wide range of services which are designed to help them become functional and productive citizens. I am here on behalf of the National Association of Rehabilitation Facilities (NARF) on whose Board of Directors I serve. NARF is a membership organization composed of over 500 rehabilitation facilities and 23 affiliated state chapters.

Mr. Chairman, your leadership in advocating for programs for people with disabilities is unparalleled. This Subcommittee has singularly been responsible for the development and retention of most legislation which has a positive, direct impact on thousands of lives every year. The reauthorization of the Rehabilitation Act to the field of vocational rehabilitation is extremelyimportant because the Act provides the basic support of an impressive network of community services to people with disabilities. Without the Act and its multiple facets, there would be a collapse of a system which places thousands of disabled workers in competitive jobs each year.

There are several issues in the Rehabilitation Act on which NARF would like to comment.

SUPPORTED EMPLOYMENT

Rehabilitation Facilities have been providing a variety of supported employment programs for many years. The recent emphasis on supported employment is welcomed. Many of the ideas on supported work being touted today as new concepts were innovative 20 years ago when they were originally developed in non-profit rehabilitation facilities. Enclaves in industry were developed in rehabilitation facilities as workshops without walls and the most successful models of mobile work crews are operated by rehabilitation facilities providing services to federal agencies under the Javits-Wagner-O'Day Act.

NARF recently conducted an informal survey of its vocational rehabilitation facilities to see what supported employment programs are being conducted or administered by rehabilitation facilities. Over 175 surveys were returned to NARF from 350 that were mailed. Of those returned more than two-thirds have one or more supported employment programs. Models cited included job coach or trainers at competitive work sites, enclaves in industry, mobile work crews, and off site service contracts with Federal agencies under the Javits-Wagner-O'Day Act. Over 3600 persons with severe disabilities were employed in the 102 facilities reporting programs. Those facilities estimated that on a yearly basis they expected to have more than 5000 persons employed. Funding for these programs came from a wide variety of sources. Interestingly, many of the programs, and most of the follow along services were funded by the facility. Impediments cited by facilities to supported employment programs were in order of frequency (1) funding, (2) lack of jobs and/or unemployment in the community, and (3) transportation. Other impediments cited were union opposition, parental concerns and employer attitudes. In the facilities which said they did not have a supported employment program only two said they were not interested in developing a supported work program. Almost half cited funding as the only reason they did not have a supported employment program. Lack of staff, time and appropriate community jobs were other often cited reasons for not having a supported employment program.

This survey included only 350 facilities. There are probably hundreds more that are providing similar services. Under the Javits-Wagner O'Day program alone there are over 230 facilities which have mobile work crews providing custodial, janitorial or grounds maintenance services to federal agencies in settings with non-disabled persons. The 4900 severely disabled persons employed at these integrated work sites receive ongoing support services without which these persons would not be able to work. Average wages for these workers is more than $4.31 an hour.

All of the above programs clearly indicate that rehabilitation facilities have long been involved in supported employment programs and are committed to expansion of the concept as funds are available to pay for the services, and as jobs in the community can be identified, and as other impediments can be overcome.

We must be careful, however, that we do not make fundamental changes to the Rehabilitation Act without fully realizing the impact of those changes. NARF supports a major demonstration program focused on supported employment which will develop the models, identify impediments and find ways to replicate successful programs. NARF's proposed language would provide specific authority for the RSA Commissioner to make grants to pay all or part of the cost of these supported employment projects. A variety of models should be identified in the law and examples of supported services cited so that a wide range of programs will be funded. Two key elements in NARF's suggested language are provisions for at least two projects of national scope and annual reports to Congress. The national scope projects would be to identify community based models that could be replicated, to identify impediments, and to develop means to utilize to the greatest extent possible existing facilities and programs. RSA would also be required to report to Congress each year or the programs funded under this section. It is anticipated that authorization for funds currently earmarked or used for supported employment programs will be transferred to this new section of the Act. The full text of NARF's statutory proposal is attachment A to this testimony.

We think it is premature to add supported employment as a basic service to be provided under Title I. The focus of the basic state grant program should continue to be placement into full competitive employment. To add supported employment services under Title I at this time without substantial funding increases specifically to cover such services could result in many severely disabled persons who now would receive rehabilitation services being denied services so that a much smaller number of other more severely disabled persons could be provided supported employment.

PROJECTS WITH INDUSTRY

NARF is especially interested in Projects With Industry. This program is nearing twenty years as a demonstration program under the Rehabilitation Act. It has proven very successful as a program that places persons with disabilities into competitive jobs. PWI is unique in that it requires strong cooperation between business, industry and rehabilitation. Over 5000 local business persons serve on the Advisory Councils to current PWI programs.

PWI's utilize business advisory councils and tie community based organizations such as a vocational rehabilitation facilities in with business and industry representatives. Many business representatives do not like the "red tape" associated with many state federal programs and tend to shy away unless a local non-profit organization can coordinate the efforts. Congress should significantly expand this program and make it more widely available as a service delivery program.

A recent report to Congress, which you requested Mr. Chairman, found PWI to be very effective in accomplishing the goal of placing persons with disabilities into competitive employment also found a high level of employer satisfaction with the program. Among the finding of the report (Evaluation of the PWI Program, Policy Studies Associates, Inc., Contract No. 300-84-0207 for the Rehabilitation Services Administration) were:

o 16,000 persons received PWI services during the year evaluated (1983-84)
o two thirds of the persons served were severely disabled
o rehabilitation facilities comprise the largest category of recipients (35 percent) and together with associations of facilities and social service agencies make up 65 percent of all PWI recipients
o rehabilitation facilities and associations have higher placement rates than other types of recipient organizations
o although advisory councils are not required they are important to the success of PWI
o the single most frequently mentioned reason for employers participating in PWI was that it is a source of qualified employees
o PWI services increased the earning of disabled persons served by an average of $150 a week which in the aggregate is $1.263 million a week or over $65 million a year.

The report made several points which should be considered in the reauthorization of the Rehabilitation Act. The report said that projects expressed a need for additional tehcnical assistance. The report also noted that RSA should support the development of national partnerships between business and rehabilitation. Most importantly the report said that the administrative ambiguity of whether PWI is a service or demonstration program should be clarified. NARF feels strongly that after almost twenty years as a demonstration program PWI should be recognized as a successful method of placing persons with disabilities into competitive jobs in the community. NARF has developed statutory language to continue the current programs and to expand the program as a method of delivering placement services. That language is attachment B to this testimony.

TRAINING

Training for professionals in rehabilitation facility administration is key to insuring that quality rehabilitation services will be availalbe to persons with disabilities in the future.

The mission of the facility administration programs currently funded by RSA is to upgrade the skills, knowledge and practices of management and administrative personnel of rehabilitation facilities. RSA/OSERS funding assists facilities, independent living centers, and other community-based programs to participate in long and short term training activities. The demand for this type of training is critical due to implementation of federal initiatives and emerging community needs. Over the last several years, there has been an erosion of federal support in this training category. Several years ago, there were twelve RFA (Rehabilitation Facility Administration) programs; there are currently eight funded programs which will be reduced to six on September 1 of this year. This translates into almost half of the Federal regions not having program resources to respond to Federal concerns in issues such as transition, supported work, and improved networking among community-based programs. The programs that are currently funded are:

Region I	University of Hartford*
Region II	Cornell University
Region III	None
Region IV	Auburn University
Region V	University of Wisconsin-Stout
Region VI	N. Texas State University*
Region VII	University of Missouri
Region VIII	University of Northern Colorado
Region IX	University of San Francisco
Region X	None

*In Final Funding Year

In 1986 1300 facilities were provided services through these facility administration training programs. In 1987 it is estimated that only 980 facilities can be served unless OSERS increases funding. Over 2000 facilities will be unable to participate in these important training programs due to the lack of funding.

The loss of federal support results in facilities experiencing significant deficits in providing the highest quality of services and being responsive to technological and programmatic advances. The network of facility administration programs supplies a wide range of training and education to vocational and developmental service deliverers ranging from short term transitional community-based programs through long term supported work, supported employment, and work activities. The demand for management training and education and training is clear. There is much turnover in the staff of rehabilitation. Within two years the state of afairs in many facilities would be poor without such training opportunities. This is particularly perplexing since due to your efforts Mr. Chairman, funding for training programs was increased from $22 million to $27 million this year, a 23 percent increase.

NARF suggests language be added to Sec. 304 of the Act to insure that there is at least one rehabilitation facility administration program funded in each Federal region at a level sufficient to serve the rehabilitation facilities in that region (see attachment C).

FACILITY TASK FORCE

RSA has estimated that about one third of rehabilitation service dollars are spent in rehabilitation facilities, yet there has been little focus on facilities or facility issues within RSA. An effective means of communication between RSA and facilities had been a Facilities Task Force. One meeting of the RSA Facilities Task Force has been held this year, the first in over a year and a half. Again, we are told that this mechanism for input from the field [facilities] is in jeopardy because of budgetary concerns. NARF recommends that the Task Force be continued in law, but that representatives of facilities be expected to pay their own way to meetings. RSA should continue to provide staff liaison activities, including but not limited to, notification of meetings, maintenance and mailing of minutes, and preparation of discussion materials. Statutory language is suggested at attachment D.

INFORMATION DISSEMINATION

Since the 1973 passage of the Rehabilitation Act, the disability community has developed an ever-increasing body of theory and an equally impressive body of practice related to the rehabilitation of disabled persons. However, we have somehow failed to provide the bridges necessary to translate abstract theories into concrete applications which are then used by direct service providers. This is certainly not for a lack of effort or interest. Indeed, solutions have been conceptualized, hypothesized, analyzed and (ultimately) criticized. The failure to find a comprehensive solution to this problem over the course of the last 13 years has resulted in an artificial separation between the "purity" of research and the "anti-intellectualism" of practice. This over-simplification serves to dramatize the point. Policymakers must now make a committed and deliberate effort to improve the delivery of services to disabled persons through the utilization of new and valid knowledge. The urgency for immediate action is motivated by a variety of factors which are impacting society and the rehabilitation profession simultaneously. These include new technological advances, budget constraints which make it more difficult to initiate new efforts, an increasing population of severely disabled persons who can benefit from research, and a justified higher expectation for a better quality of life for persons with disabilities.

NARF recommends that the Federal government should expand its currently existing resources, notably the National Rehabilitation Information Center to undertake a concerted effort with rehabilitation facilities to see that new rehabilitative practices, techniques and devices that have been developed through Federally funded research are shared with practictioners in such a way as to integrate this knowledge into their programs. Suggested statutory language is contained in Attachment E

INTERNATIONAL ACTIVITIES

Finally, Mr. Chairman, I would like to briefly touch on a subject that I doubt anyone else will address. That is the role of the United States in international rehabilitation activities. There is a need for the collaborative involvement of rehabilitation facilities, state directors of rehabilitation, rehabilitation professionals and researchers to learn of new trends in management and delivery of rehabilitation services from the world community. It is also important that we have the opportunity to share our knowledge and experience with others around the world. Especially in this time of fiscal constraint it is important to avoid reinveinting the wheel and to share and to learn from our colleagues around the world. NARF has suggested language to be included in Section 204 of the Act to insure that a project is funded to provide the United States with representation in international forums and to have a means to share international issues with persons with disabilities, advocates, rehabilitation facilities, state agencies, and rehabilitation professionals. That suggested language is in attachment F.

ATTACHMENT A

ADD SECTION 311 (d)

The Commissioner may make grants to public and nonprofit rehabilitation facilities as defined in Section 7(11) and designated state units and other public and private agencies and organizations to pay all or part of the costs of special projects and demonstration which will provide supported employment for purposes of this Act as paid work (20 hours per week or more) in a variety of integrated work settings for persons with severe disabilities irrespective of their actual or assumed vocational potential who require ongoing post employment support services in order to be employed in a competitive integrated work setting.

Models of supported employment include but are not limited to, Job Coach or trainer at a competitive integrated work site, mobile work crews (including service contracts with the federal government under the Javits-Wagner-O'Day Act, P.L. 92-28), enclaves in industry, Projects With Industry, and placement at competitive work site with ongoing support services.

Support services must be ongoing or continuous and intervening or preventative in nature. Examples of support services include but are not limited jto: behaviour management; on site supervision; productivity training and measurement; coordination of other services such as : housing, medical care, transportation, income support, and recreation; and training or activities of social skills.

Projects funded shall include at least two projects of national scope with national organization(s) comprised of existing rehabilitation service providers, public and private, to identify community based models that can be replicated to identify impediments to development of supported work programs including funding and cost considerations, and to develop means to utilize to the greatest extent possible existing community based rehabilitation facilities and programs.

The Commissioner shall on June 1 of each year following enactment of this section provide to the Congress a report on activities funded under this section, which report shall include but not be limited to the following:

a) a listing of the grant awards under this section, and

b) the number of persons with severe disabilities served by each grantee, and

c) the average cost to provide support services to each such person and the average wage paid to each person under the provisions of the Fair Labor Standard Act, for the period covered by the Report, and

d) recommendations provided by the national scope project grantees as to how successful support and employment models can be best integrated into the existing rehabilitationn service system

ATTACHMENT B

Title VI
Part B

PROJECTS WITH INDUSTRY

Section 621. The purpose of this Title is to promote opportunities for competitive employment of persons with disabilities, to provide realistic placement resources, to engage the talent and leadership of private industry as partners in the rehabilitation process, to create practical settings for job readiness and training programs, and to secure the participation of private industry in identifying job opportunities and the necessary skills and training to qualify people with disabilities for competitive employment.

Section 622. The Commissioner shall enter into agreements with rehabilitation facilities, employers,trade associations, unions, designated state agencies and other appropriate initities to establish jointly financed cooperative arrangements which:

> *Shall create and expand job opportunities for persons with disabilities by providing for the establishment of appropriate job placement services;*
>
> *Shall provide for Business Advisory Councils comprised of representatives of private industry/business and organized labor who will identify job availability within the community and the skills necessary to fill those jobs, prescribe training programs tailored to their need;*
>
> *Shall provide for the development and modification of jobs, where appropriate, to accomodate the special needs of persons with disabilities;*
>
> *Shall provide persons with disabilities with training in a realistic work setting in order to prepare them for employment in the competitive market;*

Section 623. Payments under this Section with respect to any project may not exceed ninety percent (90%) of the cost of the project.

Section 624. (1) The Commissioner may provide directly or by contract with experts or consultants, or groups thereof, technical assistance to (a) Projects With Industry for the purpose of assisting such projects in the improvement of or in the development of relationships with private industry or labor, and (b) entities considering the development of new Projects With Industry -- with or without federal funding assistance.

Section 625. (a) The Commissioiner shall conduct an ongoing evaluation of the Projects With Industry program and submit each year at the time of the budget request a report to Congress utilizing a comprehensive information system based on evaluation standards. The Commissioner shall also conduct a comprehensive evaluation and submit a repotrt on February 1, 1989 to Congress on the evaluation including recommendations for the improvement and continuation of each program and for the support of new Projects With Industry recipients.

(b) The evaluation report shall describe the impact, the general effectiveness in relation to cost, control groups, and comparisons with other methods for the delivery of services under this Act.

(c) In carrying out the evaluations, arrangements should be made for site visits to obtain the opinions of program participants about the strenghts and weaknesses of the program, and the recommendations of private industry and organized labaor.

(d) Funds appropriated under this Section are authorized for site visits of federal evaluation personnel to review projects under evaluation.

Section 626. The Commissioner shall maintain at least ten (10) PWIs with national scopes involving national organizations of public and private rehabilitation facilities, private business/industry and organized labor organizations .

Section 627. The parties to each agreement receiving assistance under this section in the fiscal year in which the Rehabilitation Amendments of 1986 is enacted shall continue to receive such assistance unless the Commissioner determines that there is a substantial failure to comply with the agreement.

Section 628. There are authorized to be appropriated to carry out the provisions of this Title $50 million for Fiscal Year 1987, $60 million for Fiscal Year 1988, $70 million for Fiscal Year 1989, $80 million for Fiscal Year 1990, and $90 million for Fiscal Year 1991.

(current Section 622 becomes Section 630)

ATTACHMENT C

Add Section 304 (d) (2)

To ensure adequate training of rehabilitation facility administrators and other facility personnel the Secretary shall award at least one grant in each Federal region for Rehabilitation Facility Administration training programs at a level sufficient to meet the needs of facilities in each region.

ATTACHMENT D

Facilities Task Force

Add new Section 12 (e)

There is established within the Rehabilitation Services Administration a Facilities Task Force whose members are appointed by the Commissioner and who shall serve without compensation or reimbursement of expenses incurred in such services. The Task Force shall meet at least quarterly and shall be comprised of 20 members, eight of whom shall represent principal national organizations of public and private rehabilitation facilities, seven of whom shall be administrators of public and private rehabilitation facilities which receive funding under Title I of the Act and one administrator who is a grant recipient from each of the following programs under the Act: Research and Training Centers (Sec. 204) Projects With Industry(Sec. 621), Independent Living Centers (Part B) and Facility Administration Training programs (Sec. 304). The National Industries for the Severely Handicapped shall have one representative. The Task Force shall annually elect from its membership a Chairman who shall call and establish the agenda for each meeting. The Commissioner shall keep the Task Force apprised of all RSA statutory, funding and regulatory proposals which affect the Act and shall attend and provide necessary staff support and meeting space for Task Force meetings.

ATTACHMENT E

Add to Section 202(b)(2)

Expand the mandate of the National Rehabilitation Information Center in order to develop the mechanisms necessary to assure the effective dissemination/utilization of federally-funded research to rehabilitation facilities and other service providers covered under this Act through cooperative arrangements.

ATTACHMENT F

ADD SECTION 204 (d)

The Director shall establish and support a project to provide representation for rehabilitation service providers, rehabilitation professionals, and persons with disabilities from the United States in international affairs and forums that relate to rehabilitation issues. Project sponsorship should be a cooperative effort of the major national organizations repersenting private and public rehabilitation service providers, rehabilitation professionals, and groups representing persons with disabilities.

Senator **Weicker**. Thank you very much, Dave.

I move next to Bob Nichols, and then I am sure there will be questions.

Bob.

Mr. **Nichols**. Thank you, Mr. Chairman, Senator Kerry.

My name is Bob Nichols and I am here this morning to testify to you on behalf of the National Rehabilitation Association.

I am a certified rehabilitation counselor currently practicing in Ely, NV, East Ely, NV.

It is an honor and a privilege for me to have been associated with the rehabilitation movement over the past 16 years. It has been that long that I have been functioning as a practicing rehabilitation counselor, first in the State of Utah and later in the State of Nevada.

It is, however, a concern, as Senator Kerry mentioned a moment ago, that we have only been able to serve, effectively serve 1 in 20 of the individuals who are qualified under the act to the served by the rehabilitation programs. It is any wonder that when this is the case that we have critics out there complaining to us that we are not serving—this system is not serving them in a manner to which they would really like to have it done.

In addition, over the past months and years, you have heard critics complain about rehabilitation counselors specifically, that they are untrained, that they are insensitive, that they are uncaring.

When I hear this, this would indicate to me that the role of the rehabilitation counselor and the circumstances under which they are trying to function are really not very clearly understood.

First, Mr. Chairman, the title rehabilitation counselor, unfortunately, carries with it no specific qualifications. In fact, the only standards mentioned in the Rehabilitation Act relative to vocational rehabilitation counselor is the word "qualified," and that has yet to be defined by the administration or by Congress.

It is interesting that the very heart of the program of vocational rehabilitation is the counselors. These are the people on the line, carrying out the program. And I think the people of this country, the disabled people of this country, have the right to expect some expertise of these individuals.

Second, the policymakers, the people that developed this fine system, certainly had their hearts in the right place when they did this. They were very long on promises but, unfortunately, they have been short on the resources to carry out this program. What this has resulted in is the rehabilitation counselor being set up as the bad guy, the villain The person is on the line having to say no to clients.

Third, rehabilitation counselors are consistently confronted with large caseloads, 100, 150, 200 and over in many cases. They have limited opportunity to develop the needed skills and they are facing declining resources all the time.

Those of us in the profession of rehabilitation counseling, and I want to emphasize the word "profession," there are counselors out there who are not professionals, the professional rehabilitation counseling take very seriously the needs of disabled people and the complexities of the rehabilitation process. A variety of skills are required by rehabilitation counselors which include ability to evaluate interest, disabilities, the medical aspects of disabilities, psychological aspects of disabilities, to be able to do job analysis, job modification, develop placement strategies that are eventually going to assist these people in entering employment. Then to synthesize, to bring all this information together so that the disabled individual can make some realistic choices relative to the direction they would like their life to go.

I would hope that this profile begins to show that a rehabilitation counselor is, in fact, required to have a variety of skills. And these skills need development and they need updating. We must have well-trained people. But training takes time, it takes effort and it takes money.

At this time, we are being asked to move into some areas that really are fairly uncharted for us, such as the Supported Work Program. Again, unless the resources and the trained personnel are available to carry out this program, it too would be doomed to failure.

Mr. Chairman, it is not really the professionalism of the rehabilitation counselor I believe that is the issue. Rather, it is in reality the policy and the management decisions to use fairly scarce resources in a particular way. Our policymakers at this point willing to sacrifice the cost-effectiveness of this program, and it is a cost-effective program and it has been one of the real selling points over the years, can this be sacrificed and a great number of these people rehabilitated sacrificed for services to a smaller number of people that may have more severe disabilities? This is a real difficult question. There are no easy answers to it. It is one that has to be faced right up front.

Clearly, the role of the rehabilitation counselors and others in the rehabilitation process need to be examined very carefully. We grow by this. This helps us. But when Congress or anyone, for that matter, makes recommendations, we need to remember that the resources and the services that are out there are oftentimes being directed by people who may or may not have any appreciation for the conditions under which the best rehabilitation counselors work. You add to the oversized caseloads the new technology, supported work, the emphasis upon severely disabled, medical advancements, bioengineering technology, and the need for training becomes even more critical. It seems to me to make no sense that we have a multimillion dollar program operating in this country and do not have the trained people to get the maximum benefit from those dollars.

We need to stop the erosion of the training dollars and ensure that we have well-qualified people out there.

NRA also feels very strongly that a 6-year reauthorization commitment with adequate moneys be part of the Rehabilitation Act. This is needed to ensure stability and continuation of quality services over time for the many people, many disabled Americans that need these services. I need to emphasize that the moneys are critical. We are only touching at this point the tip of the iceberg. There are a lot of folks out there we are not reaching, and the way to get to those people is with additional funds.

The field of vocational rehabilitation as an organization has a lot of State levels, Federal level and local organizations working to carry out the needed changes, the changes that need to occur.

One of the things that needs to happen is a very strong leadership and coordinative role by the Federal Government. Without it, what must happen will not happen. This leadership does not presently exist.

NRA would like to recommend that the Commissioner of RSA and the assistant secretary have certain qualifications, including management and some background in the type of—some background and experience in the type of areas that they will be supervising.

I would like to close by saying that a great deal is happening in the field of rehabilitation to move people with disabilities into the mainstream of American society. We need to keep pace with this. We need to have well-equipped counselors to work in this very dynamic field.

The bottom line is we need resources to employ the truly qualified. We need to provide standards for those people who are practicing as rehabilitation counselors.

I had an interesting example the other day in Nevada, and this is not very specific to Nevada, but I was looking at the licensed occupations in the State. And one of them was an automobile damage appraiser. And I thought it real strange that people tend to maybe value, place more value on the person that is going to be checking the dents on their car than the person that may be working with their disabled children. It really makes you question as to whether or not we have our priorities in the right order.

We also need to be able to have adequate pay and salaries to keep and attract qualified rehabilitation counselors, and this has not always been the case. We have lost a lot of them. We know from experience we also need a sensitive knowledgeable Federal presence in order to make this program work on a Federal level.

Mr. Chairman, this is a good program. It is a flexible program that has been designed to meet the needs of disabled people. It is being carried out by many who are very honest hard-working dedicated professionals. Unfortunately, we are only serving a fraction of those that we want to reach. This is creating a great deal of pressure. You are feeling this pressure; we are feeling this pressure. It is important that we not set ourselves for failure by trying to spread ourselves too thin, and keep in mind what the intent of this act is really all about.

The National Rehabilitation Association stands ready and willing to respond to you in any way that we possibly can to ensure that this very important program continues.

I would like to thank you very much.

[The prepared statement of Mr. Nichols follows:]

Statement on Behalf of

THE NATIONAL REHABILITATION ASSOCIATION (NRA)

and the following NRA Divisions:

Job Placement Division,
National Association for Independent Living,
National Association of Rehabilitation Instructors,
National Association of Rehabiliation Secretaries,
National Rehabilitation Administration Association,
National Rehabilitation Counseling Association,
Vocational Evaluation and Work Adjustment Association

Presented by

Bob Nichols, CRC

Before the

Subcommittee on the Handicapped
Lowell P. Weicker, Jr., Chairman
Senate Committee on Labor and Human Resources

Related to
Reauthorization of the Rehabilitation Act of 1973,
as Amended

March 20, 1986

Mr. Chairman and distinguished Members of the Subcommittee on the Handicapped, my name is Bob Nichols and I am here today to present testimony on behalf of the National Rehabilitation Association. Currently I am employed as a Vocational Rehabilitation Coordinator with the Vocational Rehabilitation Program in the State of Nevada. I have also worked as a Rehabilitation Counselor for the Vocational Rehabilitation Program in the State of Utah. I have a Masters degree in Rehabilitation Counseling and am a Certified Rehabilitation Counselor (CRC). I have worked as a Rehabilitation Counselor for the last sixteen years.

I would like to extend the sincere appreciation of the approximately 17,000 members of the National Rehabilitation Association and its seven divisions - the Job Placement Division, the National Association of Rehabilitation Instructors, the National Association of Rehabilitation Secretaries, the National Rehabilitation Administration Association, the National Association for Independent Living, the National Rehabilitation Counseling Association, and the Vocational Evaluation and Work Adjustment Association - to you for your consistent and enlightened willingness to support legislative efforts ensuring that rehabilitation services are available to citizens with disabilities. Your past investments in these rehabilitation programs have returned significant dividends to our nation's taxpayers, and more importantly, to the persons with disabilities who receive rehabilitation services. Few, if any other program funded by the Federal government consistently returns so many benefits, both financial and personal, to all segments of our society.

You have every reason to be proud of your widely recognized leadership in assuring programmatic effectiveness and proper levels of investment in rehabilitation.

First, let me say that it has been an honor and a privilege to be a part of the rehabilitation movement over the past years. I have been proud to be part of the State-Federal partnership whose goals are of the highest order . . . serving citizens with disabilities who desire to partake in the American dream and be independent and self-sufficient. However, as has been pointed out by many in Congress and advocates, despite the successes of the Vocational Rehabilitation Program, we have a long way to go in meeting the needs of persons with disabilities and turn around the 50 to 80 percent unemployment rate. When we are able to serve only one in twenty, is it any wonder that certain critics say that they are not being served by the Rehabilitation system? Indeed, they are not!

With this testimony, it is our hope to share with you our ideas to help make the Vocational Rehabilitation Program better and more responsive to the recipients of our services, the consumer who is the focal point of our efforts.

During the past few years Congress has heard from a number of recipients of state rehabilitation services. Consumers have noted that "it wasn't a lack of desire on the part of 'Vocational Rehabilitation Counselors' to assist, but rather unreasonably sized caseloads and ill-trained counselors who were frustrated in their attempts to provide adequate and appropriate services." Others have voiced similar problems including the devastating remark that "in some states, the only educational requirement for a 'Vocational Rehabilitation Counselor' or a job developer is a college degree--any kind of a degree!" Others have accused the Rehabilitation Counselor of being "untrained", as well as insensitive and uncaring. These statements vividly point out that our role is poorly understood.

First, Mr. Chairman, the title "Rehabilitation Counselor" unfortunately carries with it no standard criteria or qualifications. It is imperative that those of us who consider ourselves professionals and policy makers establish a standard for "qualified personnel". We find it strange that the only standard mentioned regarding the "Vocational Rehabilitation Counselor" is the word "qualified". The administration has yet to define what "qualified" actually means. Policy makers have developed a system that is long on promise and short on resources. The Rehabilitation Counselor is many times unwillingly cast in the role of villian.

Knowledge, skill, and technique are applied in the environment of the rehabilitation provider. That environment rewards cost effective movement through status' leading to job placement.

Add to this a large caseload, minimal opportunity to develop specialized skills, and declining resources (in real terms), and the typical counselor is almost inevitably guilty of many of the listed deficits. Indeed, one must admit that many times we do not have the training to perform the job given to us by the policy makers.

Mr. Chairman, it is time we faced the issue of how to best ensure that only the best, brightest, well-trained people are considered qualified to work with disabled persons toward their rehabilitative goals. Those of us in the profession of Rehabilitation Counseling take very seriously the needs of disabled persons and the complexities that are involved in the work of rehabilitation. As I have stated, a Counselor is called upon to have an array of skills, such as evaluating interests, abilities, limitations, medical aspects of disability, personality development of the client, perform job analyses, look at job modifications, provide occupational information, develop job placement strategies, assess similar benefits, provide post-employment services and then synthesize all of this information so that one can provide guidance, support and help to persons with disabilities as they make appropriate choices and plans to take themselves from a state of dependency to independency and employment. In addition, they must also have a genuine desire to work with such individuals.

As you can see from this brief profile, the Rehabilitation Counselor must have many skills that constantly need updating, there is no substitute for well-trained individuals. But, as you know, training, whether it is in-service or pre-service, takes time, effort and funds.

Yet this same administration urges us to move into uncharted areas such as supported work. Without persons trained to provide these services, we are set up again for the same type of criticism referred to earlier. But, we are also told that training costs too much money and this year the Administration has moved once again to cut training monies drastically.

Mr. Chairman, it is our view that often it really is not an issue of professionalism, but in reality it is policy and management decisions to utilize scarce resources in a particular way. The current system, from OSERS down to the rural Counselor, stresses not optimal services but minimal services consistent with the long held view that it is important to place as many clients as possible back into employment as fast as possible and as cost effectively as possible.

Clearly, the role of the Rehabilitation Counselor, as well as other participants in the Rehabilitation process (including policy makers) needs to be critically examined, but not in isolation. It is imperative that recommendations coming from the Congress or elsewhere be consistent with the reality that public resources are scarce and are being utilized in a manner dictated by many who may or may not appreciate the conditions under which even the best professional Rehabilitation Counselor operates.

Mr. Chairman, in order to provide comprehensive and indepth service, counselors in the State-Federal program cannot continue to work with over-sized caseloads. In most areas of the country, counselors are carrying caseloads of 100-150 persons. These caseloads do not allow the time to do the job the way it should and must be done. All the rhetoric about the need for quality services does not change the fact that overworked Counselors can not and will not provide the quality and intensity of service we all desire. Are you, as a policy maker, willing to sacrifice the cost effectiveness of this program and the greater numbers of persons rehabilitated in order to serve a smaller and more severe

These are not easy questions to answer but need to be confronted.

Add to the above equation the new technologies, the emphasis on supported work programs, an emphasis on severely-disabled persons, and new medical and bio-engineering techniques, and the need for pre- and in-service training and smaller caseloads becomes even more critical than it has been over the past decade.

Mr. Chairman, we must stop the erosion of Federal dollars available for pre- and in-service training.

Another area of great importance is the need for technical assistance to a wide range of rehabilitation programs and facilities, an area that has been missing for the past six years. Prior to that time, technical assistance was handled by the Rehabilitation Services Administration (RSA) Regional Offices where they could dispatch experts to assist rehabilitation facilities in objective program evaluations and in the development of job finding techniques. This centralized Federal approach worked well. To my knowledge, nothing has replaced this formalized national network. I would urge, therefore, in this time when technical assistance is needed now more than ever, that funds be allotted for technical assistance to be handled once again by the mechanism already in existence, namely the RSA Regional Offices.

Consideration must also be given to providing adequate funds so that more counselors can be hired by the individual state programs so that counselors can cut their caseload size without depriving disabled citizens an opportunity to obtain services or be put on a long waiting list. Another point which must be raised is the salary paid to "Vocational Rehabilitation raised is the salary paid to "Vocational Rehabilitation Counselors" in the State-Federal program. In most areas, they are very low and do not provide a standard to attract the most qualified and brightest into the program. Many of these individuals are being courted by private rehabilitation and other work settings who provide better salaries, smaller caseloads, the opportunity to be more creative and freedom to do the job the way they have been trained to perform.

We feel strongly that a six year reauthorization commitment be part of the Act. This extension is needed to ensure program stability in the State-Federal Rehabilitation Program and to ensure the continuation of the provision of quality services to the millions of disabled Americans who are in desperate need of rehabilitation.

A six year Reauthorization is important for it will give the States a clear indication of the future Federal commitment to the Rehabilitation Program and the persons eligible for services. Of basic concern to us is the critical need to maintain this basic service program and ensure that funding truly matches the need within this society. Currently because of funding limitations, this effective program reaches only one in twenty eligible persons. A National Rehabilitation Association goal would be that our society would eventually become enlightened to the need to adequately fund this program in order to ensure that not one in twenty but all individuals with disabilities can access needed services.

While the field of Vocational Rehabilitation has various organizations at the national, state and local levels who are leadership and coordinative role for the Federal government, for without it what must happen will not happen.

This leadership role does not presently exist. NRA recommends that the Commissioner of the Rehabilitation Services Administration, as well as the Assistant Secretary, be required to have certain qualifications in order to carry out their responsibilities under the law. Both of these offices should have substantial management and/or experience in the areas they are asked to supervise.

I would like to close this testimony by stating that much is happening in the field of rehabilitation which can facilitate the movement of persons with disabilities into the mainstream of employment and life in our society. To keep pace with the enormous changes, we need Rehabilitation Counselors who are well-equipped to work in this dynamic field. We also need more in-service training to educate those already working in the field. The bottom line, Mr. Chairman, is the need for resources in order to employ truly qualified, well-trained personnel to serve disabled persons in order to facilitate their entry or re-entry into the mainstream of American life. If this is to happen, then we must provide standards for those who will work as Rehabilitation Counselors in our State-Federal programs. We must provide adequate salaries to pay them, we must give additional tools and knowledge to the many excellent counselors who are already working for our State-Federal programs, and we must work to ensure that adequate funds are made available to accomplish this.

We also know from experience that a strong, sensitive and knowledgeable Federal presence is needed to implement this vital program on a national basis.

Mr. Chairman, this is a good program being carried out by mostly honest, hardworking people who have rehabilitated thousands of persons with physical and mental disabilities. Unfortunately more are turned away than served primarily due to inadequate resources. Because of this vast number of unserved individuals, the system is now under great pressure. It is almost to a point of such stress as to be set up for failure. We look to you for guidance and assistance. The National Rehabilitation Association offers to respgnd in any way you deem appropriate and to assist in preserving this laudable endeavor.

Senator **Weicker**. Just one question, and any of you can answer it.

What do you do with these people whom you cannot serve?

Mr. **Bartels**. I think one of the things that the law talks about is the imposition of an order of selection.

I can tell you what we did in Massachusetts. In 1977, we determined that we were not able to serve all eligible people under the act. We opposed an order of selection that creates a priority scheme where people that are not severely handicapped would be provided counseling guidance and placement only, and no purchase of service with the rehabilitation dollars.

People who were severely handicapped would be provided all services, counseling guidance and placement. They also determined that people that were not severely handicapped but were on GR or AFTC or veterans benefits would fall into a category where we would purchase services for them. And we felt that that was focusing in on the most needy amongst people who were not severely handicapped.

So our answer in Massachusetts was to oppose the order of selection. At the same time, that diminished the number of people that we served from a high in 1978 of 41,000 people to a present 32,000 people a year.

Senator **Weicker**. I am sorry. It went from what?

Mr. **Bartels**. 41,000 to 32,000.

Senator **Weicker**. And during that period of time, did the disabled population similarly decrease or was it on the rise?

Mr. **Bartels**. Oh, the disabled population certainly did not decrease. The number of people we were serving decreased because of the order of selection. That was not our desire to do that. The budgetary situation tha we found ourselves in required it even at a time when the Massachusetts Legislature was providing us with more State dollars than was required by the match requirements under the act.

And 85 percent of the people we serve today are classified as being severely handicapped under the definition of the law.

Mr. **Daugherty**. In response to that, representing a comprehensive rehabilitation facility, some people do fall through the slats. But in a comprehensive facility—let me get back to a comment that I made and give you the impact of it.

I said that the Rehabilitation Act for our facility and for many around the country provides the basic fabric which holds together a network of services, a network of programs. For someone who comes, we try to take advantage of a variety of funding opportunities to provide services, including, in our instance, a contributed dollar. We are able to leverage many times the VR dollars with dollars that are provided in our State by the Department of Mental Health, by the Department of Mental Retardation or, in some instances, under the Medicaid Program or services to people in a variety of ways.

Now we attempt to work very diligently with people in a case management mode in order to make sure that once we have our hands on them that we are going to take them out the door into something th–is very positive, and in doing that, we have created a variety of opportunities, including facility based programs, programs in the community, both in terms of transitional employment and in the supported employment arena.

I think that there is a variety of ways that this can be accomplished when one goes about it in sort of a coordinated mix. But I think the key part of it is, and I think that most of what we would do would simply collapse were it not for the rehabilitation program.

Senator **Weicker**. Senator Stafford.

Senator **Stafford**. Thank you, Mr. Chairman.

Since I had to attend another committee meeting this morning of which I am chairman, the Environment and Public Works Committee, I was not able to be here at the outset of this hearing, but I do have an opening statement and I would, in the interest of time, ask that it be made a part of the record as if read.

Senator **Weicker**. It will be done in that manner.

Senator **Stafford**. And I have no questions of these witnesses, and I appreciate their being here. And I wish I had been here at the start of their statements, and I assure them and you that I will read the prepared statements that they have for the committee.

Senator **Weicker**. Thank you, Senator Stafford.

Senator Kerry.

Senator **Kerry**. Thank you, Mr. Chairman.

Thank you all for your comments and suggestions. Just a couple of quick questions if I can.

Elmer, we hear the criticisms still of facilities choosing the cream of the crop, so to speak, to conserve.

Why are we still hearing that criticism, and is that a valid one? I mean is that something that is happening?

Mr. **Bartels**. I think the figures that we hear that two-thirds of the people that are of working age with disabilities are unemployed, and two-thirds of those people wish to become employed, while at the same time our capacity to serve is limited, as I indicated, in our statistics in Massachusetts to serve. We have a limited capacity. It is merely a resource question. If the resources were there to serve all eligible clients, we would not have that criticism.

Senator **Kerry**. But in terms—I mean you would not deny that there is any kind of classifying or choice that makes the lives of the rehab centers themselves easier in the selection process of who is going to be included versus who will not?

Mr. **Bartels**. I do not see that in terms of the eligibility criteria of the law are being applied, and I think fairly so. And one is determined as being eligible for services then are put in a category of being severely disabled or not and provided services accordingly.

Now, I do not see the creaming that is proposed by some of the critics of the rehabilitation program.

Senator **Kerry**. And in your comments you mentioned that the relationship between the counselor and the client is absolutely at the center, at the heart of I think was your word, the ability to be able to accomplish what has to be done.

Is there anything more that we should be doing or can be doing apart from increasing the number of relationships to enhance that particular part of the process?

Mr. **Bartels**. One of the most important things is to recognize that that is important, that the counselor is a very important person in the rehabilitation process. And then to build around that, some of the recommendations around training, out-service training, in-service training, training in universities to become a rehabilitation counselor professional, and general support for the rehabilitation program. And a counselor lives within the context of the world around them.

The resources in rehabilitation facilities, the sense of evaluation and work settings are important. The accessibility of community colleges are important. The accessibility of the community. VR lives within that environment, and the better the environment the vocational rehabilitation program lives in, the better able it is to counsel the client and, therefore, the program to effectively help the client to develop the vocational goal which they desire and which they are able.

Senator **Kerry**. Thank you. Appreciate it.

Also I must just comment your ability to survive from Governor to Governor is a tribute not only to the work you are doing but to your political skills as well.

Mr. Daugherty, if I could just ask you one question. That is would research and technical assistance on innovative employment programs be preferable to work supported programs?

Mr. **Daugherty**. It is a chicken and an egg question, I guess.

Both are terribly important. In our own facility, we attempt to identify resources to get more technology, more resources available all the time, to provide services in a variety of ways, not only facility based but within the community and what have you. The world, and particularly in our little world in greater Hartford area, as it is the case in most communities, is moving very quickly. And for people to really take advantage of what is going on, technology plays a huge role. Research into applications is terribly important.

But, at the same time, if there is no way to implement some of that, if there is no way to work with people within a system, then it is all for naught. So it is difficult for me to put a priority one on the other.

Senator **Kerry**. Thank you very much.

Thank you, Mr. Chairman.

Senator **Weicker**. I thank the panel very much, and if there are further questions, they will be submitted to you for response in the record.

Thank you.

The next panel we will hear from today, and we will recess for about 3 minutes after—in between these panels, but if they would start to come to the table. Bill Ashe of the Adult Developmental Disabilities Program in Barre, VT; Rachel Colby, a consumer of this program; Jon Rossman of the Client Assistant Program in Tallahassee, FL; and Jim Gashel of the National Federation of the Blind in Baltimore, MD.

And the committee will stand in recess for 3 minutes.

[Short recess.]

Senator **Weicker**. The committee will come to order, and Senator Stafford will introduce Mr. Ashe.

Senator **Stafford**. Mr. Chairman, it is my pleasure to introduce Mr. William Ashe, director of the Transition 1 Program for the

Washington County Mental Health Services. Mr. Ashe is accompanied by Rachel Colby.

The Transition 1 Program in Vermont was started in 1980. They work with the Vermont Department of Special Education and the Vocational Rehabilitation Division to train and place handicapped individuals in competitive employment. By starting to work with the student during their senior year in high school, the Transition 1 Program has been able to avoid placing individuals in a sheltered workshop program.

During the past 6 years of its existence, this program has placed over 50 individuals. Handicapped individuals are placed as soon as jobs are developed within the private sector. This program clearly demonstrates that persons who are severely disabled can learn to perform the duties of many competitive positions.

I also want to welcome Ms. Rachel Colby. Rachel is from Montpelier, VT, and has been a participant in the Transition 1 Program. She is currently working in a competitive job and is essentially independent. Prior to going to the Transition 1 Program, Rachel was in a sheltered workshop.

Mr. Chairman, I am very pleased to again say we welcome Bill Ashe here and Rachel Colby on this panel.

Senator WEICKER. Bill, will you now proceed?

STATEMENTS OF WILLIAM H. ASHE, DIRECTOR, ADULT DEVELOPMENTAL DISABILITIES PROGRAM, WASHINGTON COUNTY MENTAL HEALTH SERVICES, INC., BARRE, VT, ACCOMPANIED BY RACHEL COLBY, CONSUMER; JONATHAN P. ROSSMAN, EXECUTIVE DIRECTOR, THE GOVERNOR'S COMMISSION ON ADVOCACY FOR PERSONS WITH DISABILITIES, STATE OF FLORIDA; AND JAMES GASHEL, NATIONAL FEDERATION OF THE BLIND, WASHINGTON, DC

Mr. ASHE. Thank you, Mr. Chairman, Senator Stafford.

It is indeed my privilege to have this opportunity to speak today on behalf of the Consortium for Citizens with Developmental Disabilities on the reauthorization of the Rehabilitation Act of 1973.

My purpose here today is to describe our efforts in the State of Vermont which, through collaborative funding between the Division of Vocational Rehabilitation and the Department of Mental Health, has resulted in the development of statewide supported work programs serving individuals with severe disabilities in integrated community employment settings.

Of primary importance to your consideration is that the individuals served through the transition model are persons for whom the normal vocational rehabilitation process would not have been successful, as these persons have required intensive training and long term support in order to obtain and then maintain employment.

My role in Vermont has been to direct the implementation of the State's first supported competitive employment program which, since early in 1980, has assisted 50 individuals with severe disabilities to obtain employment. It is the results of this experience which I am pleased to share with you today.

The Consortium for Citizens with Developmental Disabilities is a coalition of national organizations deeply concerned about the lives of the approximately 4 million Americans with developmental disabilities. Each year at the local, State, and national levels 5 million volunteers, professionals, family members, and community leaders of the CCCDD organization provide a wide range of program support.

The individuals served through transition are adults who have a primary diagnosis of mental retardation, are in need of intensive training and support services in order to become employed, are certified by vocational rehabilitation as being severely disabled, and are, in the opinion of the local vocational rehabilitation office, unlikely to obtain employment without highly specialized support. The transition model is based on systematic procedures in six distinct but interrelated categories: job development, job analysis, client assessment, job matching, on-the-job instruction, and long term followup.

We seek positions that are within the interest and ability levels of the persons we are trying to place. Ordinarily these are entry level positions which pay at least the Federal minimum wage. In describing our program to prospective employers, we emphasize the competence and reliability of the person we hope the employer will hire. In doing this, we draw on the successful experience of those persons we have placed over the past 5½ years. As an example, in all of this time, there have only been 32 unauthorized absences, and even more impressively, only 43 occasions when someone has been late to work. Having a reliable worker is extremely important to an employer. In Vermont the persons placed through the supported work programs have had better attendance records than most nonhandicapped individuals.

Once we have an interested employer, we will conduct a detailed task analysis of the entire job in order to develop a training strategy which will enable the employee to learn the demands of the position to the performance and quality standards of the employer. This involves intensive on-the-job training over a considerable period of time, ranging from a few weeks to a few months, after which the training assistance is gradually faded resulting in the employee working under the general supervision of the employer. Long term followup is then conducted on an indefinite basis to help assure a successful long term work experience.

In Vermont there are five transition programs funded jointly by Vocational Rehabilitation and the Department of Mental Health currently operating across the State. The sixth program in Vermont is funded under a Federal OSERS grant. Beginning on July 1, 1986, the five jointly funded programs will receive vocational rehabilitation support through fee for service arrangements, using State vocational rehabilitation grant dollars. The funding strategy has included vocational rehabilitation setting aside sufficient section 110 moneys to support the services provided through the transition model. Approximately one-third of each program's funding requirements will be met with vocational rehabilitation dollars, with the balance being met by the State Department of Mental Health. All persons placed through the transition programs must be clients of the vocational rehabilitation system, and as these persons achieve employment, even though long-term support may be necessary, the vocational rehabilitation system can legitimately claim successful closure 90 days post placement.

The outcome which is of principal concern is the successful employment of persons who otherwise would remain in more restricted, highly subsidized settings. The experience in Vermont demonstrates clearly that supported work models have a legitimate place within the vocational rehabilitation system. In the single Vermont program I am associated with, 50 individuals have become employed. Collectively they have earned $348,672 in wages. For the first time in their lives, they have become taxpayers as evidenced by their $40,097 in contributions. As their earnings increase, their reliance on public support decreases, as evidenced by cumulative reductions in supplemental security income benefits of $36,388. Finally, if these persons, instead of being employed, had attended the only available sheltered program in the area, it would have cost $390,490 to maintain them there. Clearly, the power of programs, such as I have described, is impressive. The persons placed through this supported work program have become contributing members of society and have become so as a result of joint participation by vocational rehabilitation and mental health.

This successful Vermont experience could and should be replicated in other States as well without jeopardizing the integrity of the vocational rehabilitation programs. On the contrary, persons who may need vocational rehabilitation services the most will be able to access them. As documented by the Vermont experience, they will not disappoint, but will demonstrate beyond doubt that they can become competent and contributing members of society, provided they are given an opportunity to do so.

In closing, I would recommend that the reauthorization of the Rehabilitation Act incorporate the following:

First, the inclusion of supported work as a legitimate activity and expense within the vocational rehabilitation State grant program system.

Second, a redefinition of the term "severe disability" to encourage State rehabilitation agencies to provide services to persons with more serious functional deficits than may currently be receiving them.

Third, a redefinition of the term "employability" to include supported work as a legitimate employment outcome, leading to the successful closure of persons so employed.

Fourth, language which would allow rehabilitation counselors to support an individual for a period of time in post-employment services.

Fifth, the inclusion of supported work within the training and research authorities of the act to enhance the preparation of rehabilitative personnel to understand and carry out supported work activities and to conduct research and related activities in regards to supported work.

Again I thank you on behalf of the CCDD and myself for this opportunity to speak with you today, and I look forward to answering any questions you may have of me.

Senator **Stafford**. Mr. Ashe, did we understand that Rachel Colby might be available for response to some questions?

Mr. **Ashe**. Certainly.

Senator Stafford. Rachel, first let me not[illegible]at apparently last year you paid $278 in Federal taxes, and I noticed that, so you are a taxpaying member of the American public. Welcome to that club. Will you state your name for the hearing here?

Ms. Colby. My name is Rachel Colby and I live in Montpelier.

Senator Stafford. And where do you live?

Ms. Colby. Ten Hubbard Street.

Senator Stafford. Where do you work?

Ms. Colby. National Life.

Senator Stafford. What is National Life?

Ms. Colby. It is insurance.

Senator Stafford. What do you do at National Life?

Ms. Colby. I am a dishwasher and I work for Merit Food.

Senator Stafford. How many days a week do you work?

Ms. Colby. Five days a week.

Senator Stafford. How much money do you make?

Ms. Colby. About $85.53.

Senator Stafford. Is that the minimum wage?

Ms. Colby. Yes.

Senator Stafford. How do you like your job? Do you like it?

Ms. Colby. Yes.

Senator Stafford. What do you like about your job?

Ms. Colby. I like it because it is more hours than what I had on my other job.

Senator Stafford. What do you do with your money?

Ms. Colby. Well, I pay bills. [Laughter.]

Senator Stafford. Well, welcome to the club again. [Laughter.] Where were you, Rachel, before you got your first job?

Ms. Colby. I was at the sheltered workshop.

Senator Stafford. What did you do in the workshop?

Ms. Colby. I did different things like bending wires or stuffing envelopes.

Senator Stafford. Would you rather have a job like National Life than being in the sheltered workshop?

Ms. Colby. Yes.

Senator Stafford. Why is that?

Ms. Colby. You get more pay.

Senator Stafford. More pay to buy more things?

Ms. Colby. Yes.

Senator Stafford. Where are you living now, Rachel?

Ms. Colby. I live in Montpelier.

Senator Stafford. What kinds of help do you get in your apartment?

Ms. Colby. Well, they have somebody to come in and check on me once in awhile.

Senator Stafford. What does a person named Meg do? Does she help you?

Ms. Colby. She helps me like make sure I pay my bills on time and different things.

Senator Stafford. Does she help you pay your bills also?

Ms. Colby. Yes.

Senator Stafford. I had better get her to help me too then. [Laughter.]

Senator **Stafford**. Thank you very much, Rachel. I have enjoyed this exchange with you and, Bill, we are grateful to you for coming down and bringing Rachel with you.

Mr. **Ashe**. Thank you.

Senator **Weicker**. Rachel, did you enjoy coming to Washington?

Ms. **Colby**. Yes.

Senator **Weicker**. Well, I tell you you are a great inspiration to all of us here.

Ms. **Colby**. Yes.

Senator **Weicker**. The next witness in the order announced by the Chair will be Jonathan Rossman of the Client Assistance Program in Tallahassee, FL.

Mr. Rossman.

Mr. **Rossman**. Thank you, Mr. Chairman and members of the subcommittee.

I am honored by the invitation to appear before you today. Your leadership and commitment to advocacy on behalf of persons with disabilities is looked to with admiration and gratitude by millions of people across the Nation who enjoy today opportunities for full and productive lives never dreamed of a decade ago. On their behalf I thank you.

I am the executive director of the Governor's Commission on Advocacy for Persons with Disabilities in the State of Florida. I have served in that capacity since the agency was established in 1977. The commission implements both the protection and advocacy system under the Developmental Disabilities Act and the Client Assistance Program under the Rehabilitation Act.

The Client Assistance Program was not placed in the commission until after the 1984 amendments to the Rehabilitation Act. Governor Graham moved the CAP project from the rehabilitation agency because he is committed to the concept of keeping advocacy independent from service delivery.

We have benefited enormously, however, from the exceptional work of the earlier CAP project. The principal success of the program has been its ability to assist clients in getting the full benefit of the rehabilitation process. Its principal attribute has been its ability to establish excellent rapport with field level counselors and staff. Most problems are resolved with a simple phone call or a letter.

In fact, this has been the experience nationwide. The National Association of Protection and Advocacy Systems has recently begun to compile data from the 1985 Client Assistance Program annual reports Of the 26 States for which reports are available, 7,912 inquiries were handled. Of these, over 4,000 were considered cases, that is involving something other than simple information or referral. Only 70, less than 1 percent of these cases, required the use of legal remedies.

If our experience in Florida is any example, the CAP's, whether independent or internal, are well received by clients and rehabilitation professionals alike.

There are, of course, areas that could be improved in the Rehabilitation Act.

First, the provisions for procedural due process could be more specifically set forth in the act.

Second, the scope of the Client Assistance Program should not be unduly limited.

And, finally, the Protection and Advocacy System for the Severely Disabled in section 731 should be dusted off and funded.

Each of these falls within the overall rubric of strengthening the protection of rights provisions of the Rehabilitation Act.

The act contains several appeals processes, but no procedural standards. As a result, and administrative review is usually no more than an opportunity for a dissatisfied client to bring a problem to the counselor's supervisor. Presently each State under the act may design its own fair hearing process. Many lack basic procedural safeguards such as notice, right to cross examine witnesses, or even timetables for the rendering of decisions. Congress removed "beyond a reasonable doubt" as the burden of proof in these proceedings, but offered no substitute. "Clear and convincing evidence" should be established as the fair standard for either side to reach.

Finally, the present system leaves all final decisions in the hands of agency directors and appeals therefrom to the Secretary of Education in Washington. The system begs for some form of greater impartiality, preferably the use of impartial hearing officers and judicial review.

One area where the client assistance programs can be of great assistance is in working with, not against counselors in removing barriers to the employment of rehabilitation clients. This would involve the CAP advocating on a rehabilitation client's behalf where he or she may encounter discrimination on the basis of handicap. The administration has taken the position that this is outside the scope of the CAP which it views limited exclusively to working with rehabilitation programs and facilities. We believe section 504 provides a benefit to rehabilitation clients and applicants, and CAP should assist such clients when they encounter discrimination of the kind prohibited under the Rehabilitation Act. The act apparently is not clear enough. We need to know your intent.

With the Client Assistance Program, the Developmental Disabilities Protection and Advocacy Systems and the possible advent of the Mental Health Advocacy Act, Congress has provided or will provide protections for nearly all disabled citizens. Yet, each of these programs, while starting with the same basic premise, arrives at its end slightly differently. As a result, we, the advocacy programs, now have gaps in services. The Protection and Advocacy System for the Severely Disabled, which has been on the books for nearly 10 years, could go a long way toward filling in these gaps.

My colleagues in the smaller States have asked me to point out their special plight. The $50,000 is not enough to run even a barely adequate Client Assistance Program. The minimum allotment needs to be raised and a method devised so that the minimum does not deprive them of increase funding should increased funds become available in the intervening years.

These programs do good work but they are, by no means, not controversial. A provision comparable to one in the Developmental Disabilities Protection and Advocacy legislation should be added to protect them from retaliation. CAPs should not be redesignated without good cause. And redesignated programs should be held to the primary independence standards.

There is also no compelling reason why rehabilitation clients should be denied any particular legal remedy. The prohibition against the use of class action should be removed.

We make these suggestions to strengthen the rights protections of the Rehabilitation Act, not because we believe there have been excessive abuses. There have not been. Yet, after a decade of Public Law 94-142 and section 504, handicapped citizens have come to expect a certain standard of procedural fairness. As long as that standard is maintained, and clients can seek recourse if they feel they are not being treated fairly, you can be assured that rehabilitation clients and applicants will receive the benefits intended by these programs.

Again we appreciate your commitment to client advocacy. Thank you for this opportunity to appear before you.

Senator WEICKER. Thank you very much, Jonathan.

Our next witness is Jim Gashel of the National Federation of the Blind.

Jim, nice to have you here.

Mr. GASHEL. Thank you, Mr. Chairman.

In the National Federation for the Blind, we speak from the experiences from the point of view of the blind consumer. And what we would like to say is that something really must be done to improve the ability of rehabilitation agencies to respond willingly, realistically and promptly to the needs of handicapped individuals for employment services.

In the case of blind people in this country, our evidence shows that over 70 percent of the employable blind population is either unemployed or very substantially unemployed. I think with the hundreds of millions of dollars, over a billion dollars, that you appropriate annually for the Title I Vocational Rehabilitation Program annually, really you should be expecting a greater return on the dollar even than it has gotten now.

The situation has gotten to such a point in vocational rehabilitation that although I hope these are not the alternatives we would face, I hear more and more blind people saying that if it comes to the matter of having rehabilitation simply unreformed, fully funded, and left as it is, or if we could have reforms in rehabilitation. We would rather have the reforms rather than the program left as it is.

With that in mind, we are offering recommendations, Mr. Chairman, in three particular areas.

First of all, eligibility. We see a problem in the interplay between the Vocational Rehabilitation Program and the Social Security Act. We think that vocational rehabilitation counselors are given too much discretion in making findings that someone does not have a substantial handicap to employment. In other words, turning people away as was being talked about before.

We think that discretion should be limited. Any Social Security or SSI beneficiary by definition in the Social Security Act has a substantial handicap to employment. But rehabilitation does not honor that finding. So the result is that beneficiaries of the Social Security programs are required, by the way, to apply for rehabilitation services and to accept them if they are offered. But, on the other hand, rehabilitation is not required to accept the Social Security beneficiaries. So we have a lot of people who wind up drawing Social Security and SSI assistance for the rest of their lives rather than being rehabilitated. We think the standards should be tightened so that anyone who is a Social Security beneficiary or SSI has, by definition, a substantial handicap to employment.

Turning to some issues concerning the applicability of the means test or the client financial participation in the costs of vocational rehabilitation services, the first point I would make here is that there is no authority for the means test in the act, although there is in Federal regulations. But there is not any real guidances to what the levels of financial need have to be before the client has to in fact pay for the costs of rehabilitation or part of them.

If the law is changed to allow more severely handicapped people to become part of the Vocational Rehabilitation Program, then you can expect that future clients, as well as current clients in the program will be forced to bear more and more of the costs for their own rehabilitation by virtue of excessive uses of the means test.

So Congress should limit the applicability of the means test. We actually prefer that it be abolished altogether. And short of that, we would prefer that it not be permitted to be expanded to any services that are not now means tested.

And in addition to that, we believe that any services that are provided directly by a rehabilitation agency or provided under contract with a private rehabilitation agency, should be provided without regard to a means test.

Finally, as to the financial standard, we believe that individuals should be able to keep all of their Social Security or SSI income before having to spend any of that or any other essential living expense income on vocational rehabilitation service.

Also, Mr. Chairman, I would turn finally to our points on similar benefits. Now, that is a provision of the act. It is cited in two places in the act. But it is never defined. We believe that there are certain types of abuses that are going on here in the use of similar benefits provision.

So there needs to be an assurance that the benefit is actually a similar benefit, not that it is just some sort of benefit.

I have given an example in my written statement about blind people using reader services. Oftentimes the reader service provided by the college or university is in no way similar to the benefit provided by a vocational rehabilitation agency in that, under vocational rehabilitation, it is a voucher, and the client normally has more control over who reads, what they read, when they read, and it can actually determine the amount to spend on any particular reader within the spending limits of the voucher.

So we are offering the idea that the concept of similar benefits be defined, that it exclude private assistance offered under merit scholarship programs because actually when a person wins a merit scholarship, they windup losing in the end by vocational rehabilitation taking away the same assistance. We are prepared, Mr. Chairman, to offer specific statutory language in these areas and will do that at the appropriate time.

We believe our recommendations are to allow rehabilitation agencies to be more responsive, to bring more about jobs for handicapped individuals in the end. That is our intention.

And thank you very much.

[The prepared statement of Mr. Gashel follows:]

BEFORE THE SUBCOMMITTEE ON THE HANDICAPPED
COMMITTEE ON LABOR AND HUMAN RESOURCES
UNITED STATES SENATE
TESTIMONY OF THE NATIONAL FEDERATION OF THE BLIND
WASHINGTON, D.C.
March 20, 1986

Mr. Chairman, my name is James Gashel. My address is 1800 Johnson Street, Baltimore, Maryland 21230; telephone (301) 659-9314. I am Director of Governmental Affairs for the National Federation of the Blind. I appreciate your invitation to testify before the Subcommittee on the Handicapped during this review of vocational and other rehabilitation programs and the statutory provisions which authorize them.

During these hearings, Mr. Chairman, you will receive a substantial amount of testimony from professional rehabilitation workers and their associations. These are people who are employed to administer or deliver the services authorized by law. Their concern is the interest of the provider. This should not be confused with the consumer perspective. I feel this distinction is too often not made in the rehabilitation field. There is a seemingly irresistible tendency for the providers of rehabilitation services to speak to Congress and to others on behalf of the handicapped consumers. This conveys the impression that the interests of the providers and the interests of the consumers are one and the same--"doing the best for the handicapped or disabled." But the fact is that the interests of the providers and the interests of the consumers of rehabilitation services are not necessarily the same. We do not all speak with one voice, nor should we be forced to.

That said, Mr. Chairman, the National Federation of the Blind is a consumer voice for the blind in all matters of rehabilitation. The people we represent are on the receiving end of these programs. Our membership is broadly based and nationwide. Our collective experience with the rehabilitation system throughout the United States allows us to observe and report patterns of conduct. Just as there is a state vocational rehabilitation agency or state agency for the blind in each state and the District of Columbia, so, too, we have an affiliate of the National Federation of the Blind in each state and in Washington, D.C. We also have local chapters which blind people join in their home communities in most sizable population areas of the United States. Forty-six years ago, the National Federation of the Blind was formed as a vehicle for self-expression by the blind. That is still our purpose and function today.

My focus in presenting this testimony will be on the vocational rehabilitation provisions found in Title I of the Rehabilitation Act of 1973, as amended. From the client services end, this is the bread and butter portion of the statute. There is always a question of whether to sugar-coat a statement or to "tell it like it is." I am assuming that you want me to do the latter so members of this Subcommittee and others in Congress can make a thorough evaluation of how things are going.

A bit of personal background by way of introductory explanation might also be in order. For twenty years I have actively worked in and around the rehabilitation system. I have studied the law, the regulations, chapters of the Rehabilitation Services Manual, and many other written policies or interpretations of policy. These are collectively used as mandates or guidance for the administration of the program. I have also been a direct consumer of services, and I was "closed rehabilitated" more than once. For a few years I helped to administer state programs for the blind in Iowa. That experience helped me to gain direct knowledge of state agency operations from the provider perspective. I believe these lengthy and varied experiences with the vocational rehabilitation program have given me sufficient knowledge to analyze some common policies and characteristics of the program and to make recommendations for policy directions which should improve the availability of services to clients.

At last summer's Convention of the National Federation of the Blind (held during the week of the 4th of July in Louisville, Kentucky), a shocking fact emerged. It happened like this: Patricia Owens, Associate Commissioner for Disability at the Social Security Administration, was explaining how her agency is increasing the emphasis on successful beneficiary rehabilitation. She indicated that the Social Security Administration was less than enthused about the performance of the state vocational rehabiilitation agencies, particularly with respect to job placement. She said Social Security officials are actively seeking alternative rehabilitation programs which might be more successful. Several speakers from the floor voiced specific complaints about rehabilitation programs and their policies. The pattern which emerged in the discussion showed that this audience of nearly two thousand (either consumers or potential consumers of rehabilitation services) unanimously felt ill-served by current programs. In fact, not one person spoke up to defend rehabilitation in its present form. So the policy position which emerged later in a resolution from the Convention unanimously called for reform in rehabilitation.

That position (and especially the intensity of support for change) represents the culmination of a shift in our thinking about rehabilitation--something which has been evolving among the blind consumer population over the past several years. Remember that, for purposes of priority for service, blind people are among the most severely disabled. Even so, rehabilitation agencies tended to be much more responsive to our needs twenty years ago than they are today. This despite the more recent Federal mandate to serve first those persons with the most severe disabilities.

Why? I believe there are at least three areas where the basic statute is being misinterpreted, misapplied, or is in need of correction today. Also, I believe there is a failure properly to coordinate the vocational rehabilitation and Social Security programs, resulting in frustrating policy conflicts. Here are the particulars:

ELIGIBILITY AND INELIGIBILITY

When a potential client approaches a rehabilitation agency for help, the first decision called for by law is the determination of eligibility or ineligibility. Put it this way: Is the welcome mat out, or does the sign read "No Vacancy." A lot depends on the agency.

A "handicapped individual" under Section 7(7)(A) of the Act must have a disability which, for that individual, is a substantial handicap to employment. Further, there must be a determination that the provision of vocational rehabilitation services is reasonably expected to help the individual become employed. On both points rehabilitation counselors have wide discretion. That may be quite appropriate with respect to the second point, but there is a serious policy defect with respect to the extent of the counselor's discretion on the first point.

Does the applicant have a substantial handicap to employment? The counselor decides. It is the extent of the counselor's discretion (and whether or not there should be any discretion at all) that is at issue here.

Blindness, for example, is a severe handicap. That's what the law already says. But, take a blind person who is unemployed. Is such a person eligible for vocational rehabilitation services, assuming that the counselor finds that the services would help the individual become employed? Not necessarily. The counselor may decide that the individual has worked before, and therefore does not have a substantial handicap to employment. Incredible, but true. Here we have a severely handicapped individual as defined in the Act, who does not have a substantial handicap to employment. That's what the counselor has the power to decide. I have seen such decisions, and they are backed up by policies of the Rehabilitation Services

Administration in the regional offices and at the national office, as well.

Should everyone who has a severe handicap as defined in the Act be eligible for Vocational Rehabilitation Services? Certainly not. Some persons may not be capable of achieving employment. If there is evidence that rehabilitation services cannot reasonably be expected to benefit the individual in terms of employment, eligibility should be denied. That should not be changed. But anyone who is capable of working although severely handicapped should be eligible, no counselor discretion involved.

There is also another policy issue which flows from giving counselors such wide discretion in deciding who is handicapped. If an individual receives Social Security Disability Insurance Benefits, there has already been a finding that the handicapped person is unable to perform "substantial gainful activity." Remember that it is the same vocational rehabilitation agency which issues a finding of disability in connection with the Social Security programs. Yet the counselor for that agency is free to decide whether or not the handicap (which is substantial enough to qualify for Social Security) is a substantial handicap to employment. A policy which permits conflicting determinations such as these makes no sense.

Speaking of Social Security and vocational rehabilitation, there is also something else that makes no sense. You might call it the "merry-go-round" or the "revolving door" of rehabilitation. If a person applies for and receives Social Security Disability Insurance benefits, there is an automatic referral to the state vocational rehabilitation agency. Then the individual is required by law to accept rehabilitation services in order to become employed, if at all possible. That's what the law says. Referral by Social Security is done to encourage people to leave the Social Security rolls, after a period of training or retraining to achieve employment. That makes sense. But it does not make sense that the rehabilitation counselor has the discretion to turn the same individual (referred by Social Security) away by saying: "There is no substantial handicap to employment." What we have from this policy is a path that leads in a circle. Social Security refers you to rehab, and rehab turns you away. Yet Social Security requires you to accept rehabilitation services and to try to become employed. How can you if rehab turns you away?

One final point on eligibility. This has to do with the second element in the definition of "handicapped individual"--can the individual reasonably be expected to benefit in terms of employability from receiving vocational rehabilitation services? As I have said already, we have no quarrel with a determination of that type being made as one of the two elements in the decision on eligibility. However, there is an apparent incongruity in the Act which Congress, alone, can remedy.

The incongruity arises from conflicting statutory language. Section 7(7)(A) defines "handicapped individual" for purposes of eligibility for vocational rehabilitation under titles I and III of the Act. The two elements of this definition are set forth in subclauses (i) and (ii) of this section. But paragraph (2) of section 102(c) of the Act also contains language pertaining to the employability question.

The problem is that the language of section 102(c)(2) is more restrictive than and inconsistent with the section 7(7) definition of "handicapped individual." I mention this because we have seen eligibility denials based on the language in section 102(c)(2), even though there is a reasonable expectation that rehabilitation services can benefit the individual in terms of employment. With the conflicting language of these sections, the question is, which one prevails? It would be better if the language of these two sections contained an identical standard for determining the likelihood of an employment benefit.

Recommendations:

(1) The Act should be amended to provide that anyone whose handicap is severe, as defined in the Act, shall be determined to have a substantial handicap to employment.

(2) The Act should be amended to provide that anyone who is determined eligible for benefits under Title II or Title XVI of the Social Security Act shall be determined to have a substantial handicap to employment.

(3) The Act should be amended to clarify that eligibility will be found for anyone who has a substantial handicap to employment and for whom there is a reasonable expectation that vocational rehabilitation services will be beneficial in terms of employability.

FINANCING CLIENT SERVICES: THE MEANS TEST

Economic need standards, or "means tests," are optional in the vocational rehabilitation program as determined by policies of each state agency. Until about 1965 there was actually a Federal requirement mandating a means test by every state agency in the program. Most states still have them; some do not. The Act gives no direct authority for a means test to be administered by any state agency, but administrative regulations permit it. We would certainly favor a statutory prohibition of the means test. If Congress does not do that, there should at least be guidance in the statute so program administrators are restrained from certain abuses which have come to light.

The idea of the means test is to determine whether the client of vocational rehabilitation services can afford to pay for any of the services which may be offered by the program. This is a determination which is made after the decision on eligibility or ineligibility. So, believe it or not, you may be eligible for vocational rehabilitation services which you are then required to pay for. What a bonus. How much you are required to pay depends on the state you live in and the policy preferences of the people in charge of the agency. This leads to inequities among the states and a lack of uniformity in the program. But worse than that, the Federal hands off approach permits abuses that ought to be corrected by statute.

One means test policy which appears to be an abuse is to require (as many states do) clients to pay for services that are provided directly by the state rehabilitation agency or obtained by contract with a private rehabilitation agency. Services from these agencies (which receive tax dollars specifically for the purpose of providing rehabilitation services) should be paid for by those tax dollars, not by the clients who need the services. The individual applying for services from rehabilitation agencies should not be taxed a second time to obtain the services that they provide directly or by contract with private agencies.

For example, if an agency for the blind provides in-house training for blind persons who want to become self-employed as licensed blind vendors under that agency's vending facilities program, training to enter that program should be a service provided without charge by that agency. Likewise, if the agency sends a client to a pre-vocational adjustment center where the techniques and attitudes concerning blindness are taught, that is a reasonable service to expect without charge from the agency. Requiring clients to pay for basic training and adjustment services which are directly available from state agencies or provided by contract with private rehabilitation agencies makes one wonder where our tax dollars appropriated for vocational rehabilitation are actually going.

Another policy issue with respect to the means test is the disincentive factor for individuals referred to vocational rehabilitation by Social Security Believe it or not, I have actually seen means tests which require Social Security Disability Insurance (SSDI) beneficiaries and Supplemental Security Income (SSI) recipients to pay for their own vocational rehabilitation services. Talk about an abuse. Benefit levels for SSDI and SSI beneficiaries are not that generous. In fact, most of them live at or near the poverty level. They can ill-afford to pay for anything but keeping a roof over their heads and food on their tables. Now the rehabilitation agency comes along and says, "Here's a bill for the services we provided: pay up."

Restrictive requirements of this sort frustrate the goals of rehabilitation and, more particularly, the goals of the Beneficiary Rehabilitation Program, funded by the Social Security Administration. Remember once again that SSDI and SSI beneficiaries are required to accept vocational rehabilitation services. But where does it say in the Social Security Act that they are also required to pay for them? It does not. That is a discretionary requirement of state vocational rehabilitation agencies that have means tests. So, depending on the state of residence of an SSDI or SSI recipient, the individual either will or will not be forced to pay for vocational rehabilitation, at least to some degree.

This degree of discretion permits abuses since SSDI and SSI beneficiaries are placed in an untenable position. If they do not cooperate with the rehabilitation agency and pay for their rehabilitation services, they may be reported to the Social Security Administration as declining rehabilitation. Then they may lose their benefits altogether. Depending on the harshness of the means test, this amount of policy discretion means that the client may be required to take essential living expense money to pay for rehabilitation, or lose Social Security benefits altogether.

Recommendations:

(4) The Act should be amended to prohibit any designated

state unit from applying a standard of economic need in relationship to any vocational rehabilitation service for which the designated state unit has previously not applied a financial needs standard prior to the enactment of the Rehabilitation Act Amendments of 1986.

(5) The Act should be amended to provide that in the administration of the state plan for vocational rehabilitation services, the designated state unit may not apply any standard of economic need for any services provided directly by the agency or paid for by contract with another agency primarily engaged in the rehabilitation of handicapped individuals.

(6) The Act should be amended to provide that in electing to establish any standard of economic need which requires handicapped individuals to share in meeting the costs of vocational rehabilitation services, the designated state unit shall exclude from consideration any income received by a handicapped individual pursuant to Titles II or XVI of the Social Security Act and shall further exclude such other income as may be reasonably necessary for the handicapped individual to meet all ordinary household expenses and existing financial obligations.

SIMILAR BENEFITS

The concept of similar benefits is intended to be used by vocational rehabilitation agencies in order to assure that handicapped individuals also obtain the benefits of other programs to which they may be entitled. An example which seems obvious and reasonable is to utilize student financial assistance vocational rehabilitation funds to pay for college tuition and other higher education expenses. But while that is reasonable, there are other practices that occur with respect to similar benefits that are not reasonable.

For example, students who receive scholarships from private organizations should not receive a corresponding refusal for services from vocational rehabilitation due to the receipt of the scholarship. Yet, this is the most common result of the similar benefits provision. For example, the National Federation of the Blind awards scholarships annually amounting to almost $100,000.00. Our largest scholarship is $10,000.00. But the recipient may actually lose in the end or be no better off if the vocational rehabilitation agency determines that the similar benefit must then be used to exclude most or all vocational rehabilitation services that would otherwise be provided. For a private, non-profit organization such as ours, it is rather discouraging to learn that individuals we intended to help are actually thrown into a turmoil with their vocational rehabilitation agencies. The recipients of our scholarships should not have to fight to receive some actual benefit from the scholarships we give them. A more acceptable policy would be to consider scholarships from private groups to be an additional benefit, not a similar benefit.

The more extreme abuse of the similar benefits requirements occurs when state vocational rehabilitation agencies insist that all private sources for any vocational rehabilitation service must be tapped before funds will be authorized from the agency. For example, if equipment or aids of some type are to be purchased, there is a standard vocational rehabilitation policy which requires clients to sign releases which enable counselors to contact charitable associations in the community. This amounts to a solicitation of funds on behalf of rehabilitation clients in order to provide the services which tax dollars have been appropriated to pay for.

As a matter of policy, I have asked RSA regional office and central office staff whether state vocational rehabilitation agencies are encouraged to implement the similar benefits provisions by using fund raising campaigns among community and civic groups. What do you suppose? Everyone said that the fund raising among charitable groups by rehab was an entirely appropriate enterprise, in fact required by the similar benefits concept. How interesting. I thought similar benefits meant that a client of vocational rehabilitation was required to explore and exhaust ,if possible, all other benefits available from public programs for which the individual might also be eligible. That is quite a different requirement from fund raising as a matter of charity to obtain funds to buy services for clients of vocational rehabilitation. Yet this is how the similar benefits requirements are being interpreted. Carried to its most logical extreme, there is almost nothing that vocational rehabilitation would ever have to pay for if the agency could find someone else to do it. And, that's exactly what rehabilitation is coming down to.

Recommendations:

(7) The Act should be amended to provide that scholarship awards, resulting from competition and based on merit, shall not be considered similar benefits where such scholarships are awarded by private, not-for-profit organizations.

(8) The Act should be amended to require the designated state unit to provide any vocational rehabilitation service if the application of the similar benefits policy would cause a delay for the client in fulfilling either the long range goals or intermediate objectives of the individualized written rehabilitation program.

(9) The Act should be amended to provide that a similar benefit is any service of the type described in section 103 of the Act, where such benefit is provided pursuant to law by a public agency or program and the handicapped individual meets the eligibility criteria for the specific service in question. The key word here is public. In other words, assistance provided by private agencies, organizations, or individuals should not be similar benefits.

Taken as a whole, the nine recommendations in this testimony are designed to make the vocational rehabilitation program more responsive to consumer demands for service. They address problems in eligibility, the means test, and similar benefits. These areas are the cause of most blind consumer dissatisfaction. First, there is a question of eligibility. Then if eligible, there is a question of whether or not the individual will need to pay for the service in whole or in part. Finally, to round out the picture, if it is ultimately determined that the individual is, in fact, eligible and that the individual is too poor to pay for the service, there is a third escape clause for rehabilitation by applying the similar benefits criteria. All of these provisions may be applied almost with a vengeance as I have described. As a result, there is strong evidence that rehabilitation agencies today are attempting to exclude, not include, potential clients. I think that is why so many individuals feel, and rightly so, that they just cannot get any service at all from rehab. If people are aware, as they inevitably are, that the vocational rehabilitation system nationwide has over $1,140,000,000.00 Federal money alone to spend on vocational rehabilitation services this year, they wonder where the service actually is. In the days gone by, when funds were far less and annual increases more limited, we could expect to get some service from rehabilitation agencies, despite numerous bungles and stumbles along the way. Mostly, though, the agencies seemed to want to give service, and the money flowed to client needs. Now it does not. Counselors are more like gatekeepers with the primary purpose of protecting the agency instead of serving the client. So for the consumer, you can't get into the system, or if you do get in, you can't get anything out of it, or so it seems.

This sense of growing frustration with the current system of vocational rehabilitation has led many of us in the National Federation of the Blind to give thought to alternative systems of service rather than using the traditional vocational rehabilitation state agencies. One plan would be to install a free market system where clients could pick and choose among rehabilitation agencies that would, in a sense, be competing for their patronage. This would be a step beyond and outside of the institutionalized state vocational rehabilitation agency system. It would provide a rehabilitation benefit in the sense of portable funding available to a handicapped individual for use at any agency capable of providing the services. One way to implement a free market rehabilitation system might be to amend certain provisions of the Social Security Act in order to make the rehabilitation funding which now exists an actual component of the Social Security benefit for the handicapped individual who is eligible for Social Security Disability Insurance or Supplemental Security Income. To a certain degree, this would follow a concept similar to providing Medicare and Medicaid benefits as an attached service to eligibility for the cash benefit programs of Social Security.

There is a song we have in the National Federation of the Blind which shows the sense of frustration we share in dealing with the rehabilitation system and its characteristic policy limits that I have described. The problems and goals of other minorities have often been expressed in the songs they sing, and so it is with the blind:

> Today I am happy; today I am glad.
> I finished my five year course in rehab.
> I learned chair caning; I learned basketry.
> And now there's not a damn soul who wants to
> hire me.
>
> Today I am happy; today I am glad.
> I finished my five year course in rehab.

> **I learned chair caning; I learned basketry;
> And now there's not a damn soul who wants to
> hire me. Rehab, I'm glad rehab.**

We call that the "Rehab Song." We sing it often and with great gusto, but it is not a song of joy. It expresses great frustration with what too many blind people regard as an absolute waste of time. Worse yet, there is the hassle that many describe in just trying to get something out of what seems like a massive state rehabilitation bureaucracy. This is what has led us to begin thinking about an alternative free market system where the client would take the money and buy the service from the agency that was most responsive, based on individual preference and need.

Mr. Chairman, again I appreciate the opportunity to present this testimony, and to have our views considered as you prepare the Subcommittee's proposals to amend and extend the Rehabilitation Act of 1973, as amended. I hope and believe that your deliberations will lead to constructive changes in the direction of better service for blind consumers. Toward that end, we have sought to present an honest appraisal of where we think rehabilitation is currently headed and how it can be improved. If the appraisal seems harsh, so be it. It would be worse for us to remain silent when we have facts and experience that might actually help you improve upon existing programs. In any event, that is our goal. I thank you.

Senator Weicker. Jim, thank you very much. And I thank all the witnesses.

I do have to move on to our last panel because I am afraid we are going to be running into a vote here shortly. There might be further questions for response to the record.

And I thank you for your attendance at these hearings. Thank you very, very much.

Our last panel today will cover recreation and independent living, and our witnesses are Dr. Diana Richardson of the University of Maryland's Therapeutic Recreation Department, and Charles Carr of the Northeast Independent Living Program in Lawrence, MA.

Dr. Richardson, why do you not proceed first.

STATEMENTS OF DIANA RICHARDSON, PH.D., ASSISTANT PROFESSOR OF RECREATION, UNIVERSITY OF MARYLAND, AND CHARLES CARR, NATIONAL COUNCIL OF INDEPENDENT LIVING, LAWRENCE, MA

Dr. Richardson. Mr. Chairman and members of the Subcommittee on the Handicapped, my name is Diana Richardson. I am an assistant professor of recreation at the University of Maryland. It is an honor and a please to come before you today to testify on the importance of recreation as this is related to the reauthorization of the Rehabilitation Act.

My comments reflect more extensive written testimony which will be submitted for the record by a coalition of professional organizations committed to promoting and protecting the role of recreation in the lives of individuals with disabilities.

I appear before you today as a person who has had to confront the importance of recreation in my life due to an automobile accident almost 20 years ago; who had to be physically rehabilitated without recreation, and who continues each day to work to ensure its role in adding challenge and vitality to my life.

I also represent a professional discipline that advocates for and delivers recreation as a meaningful element in the treatment, the education and the independent living experiences of individuals with illnesses and disabilities. I have worked in physical rehabilitation programs in Iowa and Florida. While connected with a rehabilitation center in Miami, I directed a transitional living program for the city, and worked very closely with the State Vocational Rehabilitation Department. In short, I can testify to the value and importance of recreation in my life and in the lives of countless other disabled persons.

Now that the Rehabilitation Act has shifted its conceptual concern from vocational issues alone to a broader concern with preparation for full participation in life, recreation has emerged as an important part of a comprehensive rehabilitation process, and a potentially significant contribution to life quality. Recreation services can now be counted among the important variables in preparing individuals with disabilities to live independently. Recreation is also an important indicator of integrated community living.

Independent living and integrated community living are complementary ideas, but are not automatically compatible. For instance, when I was in a rehabilitation program after my car accident, physical therapy strengthened my muscles, and occupational therapy helped with some isolated functional skills. Both of these therapies prepared me for independent living, but it was not until after I was discharged that I was able to put all of these newly learned skills together into some semblance of a meaningful life style. I put it all together through recreation. In other words, independent living had to make sense in the total context of my life style, and it was recreation and sports that made my life more complete and socially connected.

I was fortunate enough to have a strong self-concept and a certain tenacity that enabled me to seek recreation as a major form of self-expression. Today there is much more support for disabled persons through recreation, largely due to the strides made through the Rehabilitation Act. During the last 15 years, significant gains have been made in the numbers of qualified therapeutic recreation specialists working with disabled individuals and many programs have been developed which assist these individuals in the rehabilitation process and community integration.

Despite evidence of progress, the need for recreation as an integral part of community integration continues to exist. Recreation and leisure involvement is not an automatic part of a disabled person's life, easily incorporated, or taken for granted. A nationwide survey of 1,000 disabled persons by Harris & Associates revealed that these individuals socialize less with friends and family and are less involved in community activities. In fact, almost two-thirds of all disabled persons never went to a movie in the past year compared with only one of every five nondisabled adults.

Seventy-five percent of residents in State institutions were not likely to exhibit social or play skills, and only 20 percent of those in community residential care facilities were able to plan and entertain others in their residence. Eighty-three percent of these community based individuals had no regular social contact with nondisabled peers.

Last year, Project INSPIRE was held here in Washington to celebrate the accomplishments of individuals with disabilities in the areas of sport, leisure and the arts. A strong recommendation came out of this conference urging the use of recreation in an integrated community living context and as a mean of tying together all other aspects of life such as work, family and social life. We know too much to pretend that recreation can have meaning if it is only a smattering of activities periodically engaged in without any connection to other sources of achievement and pleasure. Indeed, for many disabled persons, recreation is their main source of achievement and pleasure. Project INSPIRE added its voice to the call for more such programs and opportunities, particularly for elderly and severely disabled persons. We need the Rehabilitation Act to continue to ensure support for progress made in these past 15 years and to carry on with the work outlined on Project INSPIRE.

Continued need is also evident in the more than 200 proposals that came to RSA each year for funding special recreation projects under section 316 of the Rehabilitation Act. Only 28 to 30 proposals can ever be funded. Over the past years, 133 funded programs have resulted in an expansion of recreational opportunities which has directly impacted the lives of more than 100,000 disabled persons. However, a major constraint to the success of these programs, as intended by Congress, is the 1-year-funding limitation. That is, the projects barely have time to get started before they lose funding, thus making it exceedingly difficult to find local sources to continue funding the project. Nevertheless, a number of model programs have been able to do this mostly because of their demonstrated value and worth.

Recognizing the fact that obstacles to independence and community integration are not within the individual alone, therapeutic recreation services addresses the attitudinal and structural problems found in society and in public service agencies. A number of 316 projects have been proposed which are designed to work with these problems, including methods for fostering interagency collaboration.

For instance, in Miami, as the director of the transitional program, I worked closely with the department of vocational rehabilitation, the housing department, and the municipal recreation department. It is this kind of networking that must continue so that 20 years from now we will not be needing the Federal Government to sponsor the initiation of recreation opportunities for disabled persons. Perhaps by then the public and private sectors will be initiating and maintaining these opportunities themselves.

Recreation services are multivaried. They differ according to the needs of disabled persons. These services are not simply a group of activities used to entertain individuals. Nor are we concerned here with the handicapped as though all have a single mind, a single all-encompassing disability, and singular needs. People with disabilities are individuals with individual limitations, abilities and unique needs. Recreation services can provide a process through which progress toward independence can be made in a manner relevant to the individual.

I have used recreation as a treatment modality in the rehabilitation of multiple-handicapped individuals who have needed to learn or relearn how to count money, negotiate renting a lane at a bowling alley, use efficient arm strokes to move through water, or manage behavioral conduct problems in social situations. An important ingredient in the therapeutic process was found in the incentives enjoyable recreation offered and in the tangible gains these individuals made in important functional skills. Usually these treatment approaches were an integral part of an individual's overall rehabilitation and treatment plan, and addressed functional skills which are relevant to all aspects of life.

I have used leisure education to help a group of mentally retarded adults recently placed in a community residence to organize, to plan, dress, speak, travel and socialize appropriately, all of which related to a trip to Disney World. Today, they are more confident, they are more experienced, and have wonderful memories of success and enjoyment which have motivated them to independently seek similar experiences.

Like other therapeutic recreation specialists, I have worked closely with many individuals with varying disabilities who have very normal needs for challenge and social connectedness. I have been involved with wheelchair sports and ran marathons. From a personal and a professional perspective, I think it would be totally unfair to deny persons, to deny anyone, regardless of handicapping conditions, the same opportunities for fulfillment in their life.

When individuals can incorporate recreation into their lives as a complement to all other parts, the benefits affect more than just their leisure time. Research has shown that, as with nondisabled persons, improved physical fitness relates to the ability to perform better on the job and to relieve stress and depression. Recent findings also indicate that athletically active paraplegics require less medical care and repeated hospitalizations. This is an obvious economic benefit to the individual, the insurance company, to the State and to the Federal Government. More research is needed along these lines.

Whether as treatment, an educational tool, or simply an opportunity to find pleasurable diversion, therapeutic recreation is used as a means for increasing and maintaining confidence, a sense of challenge and commitment in one's life, and an overall feeling of dignity and worth as a human being.

Particularly for the many severely disabled persons, young and old, who will not be able to measure their worth through work, recreation and leisure involvement represents the substance of their human existence.

Obviously, this is a process which cannot be completed by simply engaging sporadically in some activity that you or I label as recreation. Rather, I am implying an experience that gives one the sense of belonging to a group such as one's family, of having something to share and contribute, and being motivated to turn to familiar recreational pursuits for bolstering feelings of competence and control. We are recommending language change to section 316 so that special recreation services can apply this process well beyond just increasing the numbers of available recreation activities.

When recreation is an integral part of independent living and community integration, it benefits more than just the individual with a disability. It is an educational tool for society. Recreation and sports transcends differences and teaches us about others.

The Special Olympics has moved the public's awareness of mental retardation forward in mammoth leaps. Wheelchair athletes have participated in the 1984 Olymics, and opened the eyes of the world to their abilities.

Blind persons have climbed Mount Hood and claimed the Nation's attention and pride with their feats.

Finally now, disabled children and youth have role models to emulate. Through innovative proposals surely to be submitted to the Office of Special Education and Rehabilitation Services, this education can continue and contribute to long-term permanent change in our society.

Indeed, we are far from the goal of having recreation as an integral part of independent living and community integration. Even in my own life, each day I struggle to gain access and find ways to fit in. It is a continuous struggle to educate those around me. Just like Superman always waged the battle for truth, for justice and the American way, I too wage a never ending battle for opportunity, for access and the American way. If it is tiring for me, imagine what this battle is like for many who are less educated, less competent and less confident than me.

The testimony which will be submitted to you will contain many clear examples of the progress that has been made in the legislative mandate to support special recreation programs under the Rehabilitation Act. We stand ready to provide you with much more evidence but not just of the progress, but of the need for continued support and development of therapeutic recreation and recreation is apparent. Our contentions are corroborated by State directors of vocational rehabilitation, members of Independent Living Centers, and parents.

We urge you to consider the recommendations we have made regarding a more consistent and thorough role for recreation in the legislative intention of the Rehabilitation Act.

Thank you very much for the privilege to address you and I will be pleased to answer any questions you may have.

Senator **WEICKER**. Dr. Richardson, thank you very much for your testimony.

[The prepared statement of the Legislative Coalition on Therapeutic Recreation follows:]

LEGISLATIVE COALITION ON THERAPEUTIC RECREATION

April 3, 1986

The Honorable Lowell P. Weicker, Jr.
Senate Subcommittee on the Handicapped
SH 303 Hart Senate Office Building
Washington, DC 20510

Dear Senator Weicker:

On behalf of the National Therapeutic Recreation Society, a professional branch of the National Recreation and Park Association, The American Therapeutic Recreation Association and the National Consortium on Physical Education and Recreation for the Handicapped, I present to you written testimony pertinent to the reauthorization hearings of the Rehabilitation Act. This document is the background for the oral testimony presented by Dr. Diana Richardson to the Subcommittee on March 20, 1986.

The organizations identified above constitute a special interest coalition committed to promoting and advancing the role of recreation in the education, rehabilitation and life quality of individuals with disabilities. In particular, we urge the continuation and expansion of recreation as an integral part of comprehensive rehabilitation and independent living services.

We are pleased to have this opportunity to present written testimony and we commend you for your exemplary role in ensuring an appropriate role for the federal government in matters associated with the lives of citizens with disabilities.

Sincerely,

John W Shank

John W. Shank, Chairperson
Legislative Coalition on Therapeutic Recreation
(301) 496-2276

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Kensington, MD. 20892

Written Statement

Presented to the

Subcommittee on the Handicapped
Senate Committee on Labor and Human Resources

on

The Reauthorization of the Rehabilitation Act

on behalf of

The Legislative Coalition on Therapeutic Recreation

National Therapeutic Recreation Society
American Therapeutic Recreation Association
National Consortium on Physical Education and Recreation
for the Handicapped

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March 31, 1986

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LEGISLATIVE COALITION on THERAPEUTIC RECREATION

The purpose of the Legislative Coalition on Therapeutic Recreation is to monitor legislative and regulatory matters pertaining to therapeutic recreation and recreation for special populations. The Coalition collaborates with public affairs offices and legislative action committees of the constituent organizations on related public policy and membership education, information and action. The Coalition represents various professional organizations* committed to promoting and protecting the role of recreation in the treatment, education and community living of individuals with illnesses and disabilities. The Coalition strives to ensure a consolidated and consistent approach to working with congressional committees and federal agencies on behalf of the interests and concerns of the member organizations and the public it serves.

* The **National Therapeutic Recreation Society** (NTRS) is the professional branch of the National Recreation and Park Association dedicated to improving and expanding opportunities for individuals with disabilities to experience personal development and fulfillment and functional improvement through recreation and leisure.

The **American Therapeutic Recreation Association** (ATRA) is a non-profit professional organization committed to advancing the role of therapeutic recreation as an effective and efficient component of rehabilitation, habilitation, education and medical treatment of clients in health care and human service settings.

The **National Consortium on Physical Education and Recreation for the Handicapped** (NCPERH) consists of professionals in the fields of adapted physical education and therapeutic recreation involved in promoting and stimulating programs and services, and conducting professional training and research and the dissemination of public information related to the physical education and recreation needs of the nation's 4.3 handicappped children and youth.

RECREATION and the REHABILITATION ACT

The purpose of this paper is to review the role of recreation in comprehensive rehabilitation and independent living services as related to the Rehabilitation Act of 1973, as amended in 1978. The **Legislative Coalition on Therapeutic Recreation** fully supports the reauthorization of the Rehabilitation Act. The Coalition urges greater clarity and consistency regarding the role of recreation in the total rehabilitation process, and therefore recommends amendments to the statutory language of the Act. The specific changes are presented in this document, along with background, current status and justification information to support these changes.

Background. Recreation and leisure participation is a vital part of the lives of most Americans and is looked to for its contributions to physical and mental well-being and to balancing the stressful, routinized daily encounters in our lives. Exclusion from recreation and leisure opportunities can have an insidious influence on disabled persons--exacerbating existing handicapping conditions and adding to social and cultural deprivation. This is precisely why prominent disabled citizens like Teddy Kennedy Jr. actively promote the role of recreation in contributing to life quality for physically challenged individuals.

To access recreation and to participate in recreation is not an end point only to be expected once one is rehabilitated or otherwise functioning independently. It is a means for becoming rehabilitated and becoming independent. For this reason recreation services have long been considered an important part of comprehensive rehabilitation. The New York Rehabilitation Institute under the direction of Howard Rusk was an early provider of recreation. Luther Terry, formerly Surgeon General of the U.S. Public Health Services, maintained that recreation has an important and an increasing role in rehabilitation.

Significant strides have been made in the past two decades in enabling individuals with disabilities to participate more fully in life through recreation, largely because of Congressional efforts. The Rehabilitation Act of 1973 was a major influence on increasing opportunities for disabled citizens to access and participate in recreation. Along with dramatically changing the conceptualization of rehabilitation from vocational preparation to preparation for full participation in life, the Rehabilitation Act established the necessary support for including recreation as a means for this preparation.

Hearings conducted by the National Forum on Recreation and Handicapped Individuals, convened in 1974 by the President's Committee on Employment of the Handicapped, and the National Hearing on Recreation for Handicapped Persons held by the Architecture and Transportation Barriers Compliance Board in 1976, clearly established the need to improve and expand on the existing opportunities for recreation and leisure for disabled persons. In 1977 the delegates of the White House Conference on Handicapped Individuals unanimously declared that the provision of recreation and leisure must be a component of a comprehensive strategy to enhance the lives of handicapped persons. In 1978 the Senate Report of the Committee on Human Resources stated that "recreation programs for handicapped individuals are greatly needed in order to assist them in developing their capacity for mobility and socialization."

All of the above hearings were responded to by Congress through the 1978 amendments to the Rehabilitation Act which continued and significantly increased the authorization for including recreation in the total rehabilitation process. Congress essentially adopted the Senate's language and created Section 316 authorizing support for programs that provide recreational activities to aid in mobility and socialization.

Individuals with disabilites now had the necessary congressional support for recreation to be a means for enabling them to acquire the necessary skills and supports for participating in life to the fullest extent possible. Perhaps most importantly, the 1978 amendments ensured that these provisions authorized under the Rehabilitation Act included elderly and severely disabled persons.

Current Status. A review of the current status of recreation as influenced by the legislative intent of the Rehabilitation Act reveals significant progress in carrying out these intentions, but continued federal support is clearly necessary. Title 3 Section 311 (a) of the Act authorizes monies for operating programs and renovating and constructing facilities to demonstrate methods of making recreational activities fully accessible to handicapped individuals. Eight (8) one-year projects were funded in 1981 for a total of one million dollars. These projects emphasized site development and construction of accessible recreational facilities. However, no other projects of this type have been funded since.

Section 316 under Title 3 has had the most significant influence on the expansion of recreation opportunites for disabled persons. During the past five years a total of 133 programs have received one-year funding for a total outlay of $9.9 million. Despite the present Administration's recommendation each year for zero funds for this section, Congress has continually supported it because of the need and the cost effectiveness of the funded projects.

Section 316 projects have resulted in the initiation or expansion of a wide variety of recreation programs, presumably having a positive impact on mobility and socialization. According to a survey conducted by the Office of Public Affairs of the National Recreation and Park Association, more than 82,000 disabled individuals have benefited from these programs, and many programs have been able to continue to some degree. According to RSA the number of recipients who have benefited is closer to 100,000. If one accepts the fact that improvement in the quality of life for each disabled individual actually impacts positively the lives of two or three significant others, the positive impact of these Special Recreation Projects increases dramatically.

Through an informal study, every 316 project director during the past five years was contacted for information related to the project's final outcomes, evaluation or research. Fifty-one (51) responses were received. A review of these responses found a strong demonstration of success and endorsement for continued funding of Special Recreation Programs. The impact was evidenced in consumer self-evaluations, perspectives of directors of vocational rehabilitation, independent living centers and therapeutic recreation programs, and in the successful continuation of programs initiated through Section 316 grants. Selected examples of this impact is presented below.

Many individuals who have benefited from the special recreation programs have offered strong consumer testimony to the programs' value. For example:

> A paraplegic woman from MacQueeny Texas claims that her involvement in the RSA project resulted in "improved motivation, attitude, health, appearance, and self respect."
>
> An adult from Washington, DC writes that her involvement in the local RSA project brought her "out of the closet" by stimulating independence and increasing her confidence and personal satisfaction.
>
> Participants from an Outdoor Wilderness project in Pocatello, Idaho, have made statements that the project has "given me feelings of accomplishment....helps us do the impossible and fulfill dreams....helped me develop social skills and build my self image....it's made me feel more independent and self assured....it's enriched my life, I've really grown as a person as a result of participating....has helped me and others obtain individual goals of personal achievement....it's been the turning point in my life, has strengthened my self confidence, I'm no longer confined to the sidelines."

> An adult from Scranton, Pennsylvania, states that "my present level of involvement in life and levels of confidence is due to my exposure to recreation activities as part of this program."
>
> A spouse of a participant stated "as a result of involvement in (the) program my husband is happier and more motivated in his self-care. It is clear to me that he has improved his social skills and self-confidence and is returning to his previous state."
>
> A mother from Kentucky said that "without your program I feel certain that my son would have to return to the institution. He 'talks better' to other people as a result of (the) program."
>
> The sister of a particpant in a project in Kentucky said "my sister has progressed socially. She has made new friends and increased her interaction skills. She no longer sits at home and watches T.V. but is involved in many activities as a result of (the) program."

The final evaluation report of an RSA special recreation project grant to the Massachusetts Easter Seal Society indicated that:

> 80% of the program participants stated that the program had a positive impact on their personal lives;
>
> 75% said the program helped them meet a variety of people and they were positive about the program's mainstreaming efforts;
>
> 75% said the recreation ivolvement had a positive effect upon their social life and their overall health.

Letters from various administrators represent the extensive support for the value and importance of RSA special recreation projects.

> State directors of vocational rehabilitation from West Virginia and South Carolina stated uniequivocally that they believe the quality of an individual's leisure and free time has a direct effect on work performance, self-image, self-confidence, and the level of independent functioning.
>
> The Idaho director of vocational rehabilitation states that the RSA project "provides an excellent source of social and recreational outlets for people who otherwise do not have the opportunity. We have found the program to be of such value to our clients that we built into our rehabilitation plans some recreation programs that (the project) offered."
>
> The Director/Chief Executive Officer of the Washington DC Easter Seal Society writes that "the implementation of these therapeutic recreation activities enhances the psycho-social development, increases the personal well-being, provides normalization experiences, and aids clients in achieving goals of independence."

> The Alabama Director of Rehabilitation said "it is important to have recreation programs complement the vocational aspects of rehabilitation"....the Superintendent of Education of this same state claims that "recreation is essential to the rehabilitation and education of all individuals."
>
> The above comments from Alabama were influenced by the outcome of an RSA project at the Alabamam Institute for Deaf and Blind. It was found that the majority of work terminations of handicapped individuals were prompted by incidents related to social adjustment or behavioral problems displayed during leisure time after regular instructional and work hours. After hiring a therapeutic recreation specialist they found a significant decrease in the number and frequency of disruptive behaviors during these leisure times.

There are also solid examples of the cost effectiveness and continuation of many Section 316 Special Recreation Programs.

> After two years of funding, the Bolivia (New York) Recreation Program for the Handicapped has documented evidence that there has been an increase in the independence and social and vocational functioning of project participants. The project continues with local and private funding and has grown 40% since termination of federal funding.
>
> The 316 grant awarded to Palm Beach County Parks and Recreation Department provided direct and indirect services to 139 individuals each month during the two funding years. Three years after this federal funding discontinued, 651 persons received direct and indirect services each month, representing an increase of 470%.
>
> Project STRIDE in Durham New Hampshire was so successful that parents of participants have founded "Friends of STRIDE" to keep it going after federal funding. The New Hampshire Department of Education has supported its continuation.
>
> RSA funded projects in Peoria Illinois, Pittsburg, San Francisco and Greenville North Carolina, to name a few, have all continued after federal funding stopped.
>
> Project LIVE (Leisure in Vocational Environments) in Raleigh N.C. has documented better job retention and higher life satisfaction of disabled individuals in employment training.
>
> The Community Reintegration Program completed by the University of North Carolina and the North Carolina Memorial Hospital in Chapel Hill consists of a self-instructional leisure education program which is begun during hospitalization and continues after discharge. Evaluation research on this program indicated that rehab patients who received this therapeutic recreation service were more fully and more quickly reintegrated into previous living environments than those who did not receive the program's services. Participants also had significantly lower hospital recidivism and higher life satisfaction scores. There is also some evidence of quicker return

> to work. This Community Reintegration Program has been disseminated to more than 150 hospitals throughout the country and is being used successfully in many of these settings.

Despite the apparent success represented in the above sample of projects, there remains the need to systematically evaluate the actual impact the section 316 projects have had on mobility and socialization, and to identify long-term needs so that funded projects contribute to a growth agenda and build on the progress and successes of previously funded projects.

In 1984 the director of the Special Projects Branch, RSA, OSERS, posed some challenging questions regarding the relevence and contributions of Sec. 316 projects. He queried, "how can recreation be used as a rehabilitative device for improving health and socialization?", and, "how can the support of policy makers be increased in recognizing the therapeutic value of recreation activities and participation as an essential element of a balanced lifestyle?" These questions and others could best be answered through **research** and through demonstration projects that have a solid evaluation component.

In 1980 the Institute of Handicapped Research awarded the therapeutic recreation program at George Washington University a grant to host a conference on setting an agenda for research on recreation and disabilities. A formidable agenda has been set and will rely on federal support to generate relevent data on the role and function of recreation and leisure in the lives of disabled individuals. This continues to be a critical area of life that is ignored in the research arena despite the growing indications that recreation and leisure will always be important as a potential contribution to life quality for individuals who are chronically unemployable or under employed.

A review of funded projects indicates that many programs are attempting to make structural changes in recreation service delivery, and go well beyond establishing new activity programs. That is, the intended thrust is to establish a solid foundation of attitude change or increased knowledge and skills which will support a long term and hopefully permanent change in the role and function of recreation in the lives of disabled individuals. With this need and commitment in mind, the majority of **project directors urge that the funding cycle for 316 projects be extended to three years** with annual reviews. One year restrictions on Special Recreation Projects clearly limits the potential impact these programs can have in providing models, disseminating information for replication, completing meaningful evaluations and contributing to a long term agenda for improving the independence and life quality of disabled persons.

The **language of section 316** has been the same since 1978, yet the knowledge which results from this brief but significant history suggests that the language **needs to be revised.** In particular, the section needs to indicate the relationship between the intended purpose of the section and the overall intention of the Rehabilitation Act.

With a perspective of recreation and rehabilitation created by the information contained in the above sections on background and current status, the Legislative Coalition on Therapeutic Recreation recommends specific amendments to the statutory and regulatory governances of the Rehabilitation Act.

RECOMMENDED CHANGES TO THE REHABILITATION ACT

The legislative intent of the Rehabilitation Act, beginning in 1973 and more particularly in the 1978 amendments, has significantly influenced the expansion of opportunities for disabled persons to balance their lives and participate more fully in life through recreation. The Legislative Coalition on Therapeutic Recreation fully supports the reauthorization of the Rehabilitation Act, and urges greater clarity and consistency regarding the role of recreation in the total rehabilitation process.

The recommended amendments are intended to ensure a more complete and consistent incorporation of recreation throughout the Act. This would result in:

a rehabilitation process that includes recreation in the evaluation of the rehabilitation potential of every individual provided with a comprehensive rehabilitation plan;

research related to recreation as an important factor affecting rehabilitation;

the development and dissemination of information on recreation for individuals with disabilities, intended to assist them in living life fully and independently;

an increase in the numbers of qualified therapeutic recreation specialists prepared and trained to deliver rehabilitation services;

the inclusion of recreation services in the provision of therapeutic services intended to maintain and improve functional abilities related to independent living.

RECOMMENDED AMENDMENTS

Clarification and elaboration of recreation as a distinct life content area and as a category of services contained in the Rehabilitation Act should occur through the following proposed language amendments. The proposed language appears in caps.

DEFINITIONS

The purpose of proposing amendments to the existing definitions is to ensure accurate and consistent reference to recreation as a distinct life content area and category of rehabilitative services.

> Sec. 7 (5) The term "evaluation of rehabilitation potential" means, as appropriate in each case;
> (B) a diagnostic study consisting of a comprehensive evaluation of pertinent medical, psychiatric, psychological, vocational, educational, cultural, social, **RECREATIONAL**, and environmental factors...and other pertinent data helpful in determining the nature and scope of services needed.
>
> Sec. 7 (11) The term "rehabilitation facility" means a facility...which provides singly or in combination one or more of the following services for handicapped individuals (A) vocational rehabilitation services which shall include, under one management, medical, psychiatric, psychological, social, **RECREATIONAL** and vocational services, (C) prevocational conditioning **AND** recreational therapy.

The recommended modifications to the definitions are necessary for a few reasons. First, although the term "social" may have been intended to reflect recreation, it is an inadequate representation of the knowledges, skills and range of experiences associated with recreation participation.

Secondly, "social" does not represent a distinct set of services intended to prepare individuals for and facilitate their participation in independent, self-directed recreational activities and experiences. Also, the inclusion of recreation in a comprehensive rehabilitation evaluation would be logical since other sections of the Act refer to recreation services being offered in comprehensive rehabilitation centers.

Finally, it is recommended that the "or" in Section 7 (11)(C) be changed to "and" simply because recreational therapy is not the same as prevocational conditioning, and stands on its own merits as an effective process for improving or maintaining functional abilities, and has been shown to make significant contributions to the overall service goals of a rehabilitation facility. Likewise, prevocational conditioning is important in its own way; neither should be overlooked if the other is considered to be an appropriate service.

TITLE II RESEARCH AND TRAINING

The purpose of the proposed amendments to Title II is to ensure the inclusion of recreation as a distinct focus of research and demonstration projects on factors affecting rehabilitation.

> Sec. 204 (a) ...to pay part of the cost of projects for the purpose of planning and conducting research, demonstration projects...including basic research where related to rehabilitation techniques or services; studies and analysis of industrial, vocational, social, **RECREATIONAL**, psychiatric, psychological, economic and other factors affecting rehabilitation of handicappped individuals;...

There has been a documented need to generate data on the recreation and leisure needs of disabled citizens relative to the potential contributions such experiences can make to independence, life quality, and adjustment to work and community living. Furthermore, such research could establish the extent to which other provisions of the Act related to recreation are being successful, and the appropriate direction for expanding recreation as a rehabilitation and independent living service.

TITLE III SUPPLEMENTARY SERVICES AND FACILITIES
(Part A Training)

The purpose of the recommended amendments to Part A of Title III is to correct the terminology used in reference to personnel trained to deliver recreation services.

> Sec 304 (a) ...to pay part of the costs of projects for training, traineeships and related activities designed to assist in increasing the numbers of "qualified" personnel trained in providing vocational, medical, social, **RECREATIONAL** and psychological rehabilitation services to handicapped individuals...
>
> Sec 304 (b) ...funds made available for any year "shall be targeted to areas of personnel shortage which may" include projects in ...rehabilitation counseling,

rehabilitation social work, rehabilitation psychology, physical therapy, occupational therapy, speech pathology and audiology, **THERAPEUTIC RECREATION,** workshop administration...

The term "therapeutic recreation" is the correct title for the specialized professional discipline within the broader field of recreation services which uses recreation in rehabilitation settings. These individuals are academically prepared as therapeutic recreation specialists and are elegible to be certified by the National Council on Therapeutic Recreation Certification.

Therapeutic recreation services involves a process of using individual and group recreation and leisure education to improve or maintain the physical, social, or mental functioning of an individual related to developing and expressing a healthy lifestyle that actively includes leisure.

TITLE III PART B SPECIAL PROJECTS AND SUPPLEMENTARY SERVICES

The purpose of the following amendment is to strengthen the nature and scope of Special Recreational Programs, and to more clearly link these programs to the overall intent of the Act.

> Sec.316 (a) The Commissioner...shall make grants...for paying part or all of the cost of initiation of recreation programs to provide handicapped individuals with recreational activities **AND RELATED EXPERIENCES** to aid in the mobility, socialization, **INDEPENDENCE, AND COMMUNNITY INTEGRATION** of such individuals. The **PROGRAMS** authorized to be assisted under this section may include but not be limited to, **LEISURE EDUCATION, LEISURE NETWORKING, LEISURE RESOURCE DEVELOPMENT,** scouting and camping, 4-H activities, sports, music, dancing, handicrafts, art, and homemaking. **WHENEVER POSSIBLE AND APPROPRIATE, THESE PROGRAMS AND ACTIVITIES SHOULD BE PROVIDED IN SETTINGS WITH NON-HANDICAPPED PEERS, AND SHOULD ADDRESS THE PROCESS OF INTEGRATION. PROGRAMS AND ACTIVITIES UNDER THIS SECTION ARE EXPECTED TO DEMONSTRATE WAYS IN WHICH THEY ARE ASSISTING IN THE TOTAL REHABILITATION OF THE INDIVIDUAL THEREBY BY ASSISTING IN ADJUSTMENT TO WORK AND COMMUNITY LIVING.** No grant may be made under the provisions of this section unless.....

The proposed amendments to this section reflect the evolving nature of Section 316 projects and the informed perception that programs funded under this section need to have a greater impact than simply increasing the number of available recreational activities. That is, the proposed changes to this section would provide an incentive for using funds authorized under this section for recreation programs and services as a means to increasing independence, productivity and community integration, in addition to mobility and socilaization. This would ensure that special recreation programs are designed in ways which demonstrate the integral connection between these programs and services and the overall intent of the Act.

Each year proposals are submitted which reflect attempts to address independent living and community integration as a process involving community organization, individual empowerment and agency structural change. Based on a number of previous Section 316 projects, there exists the capability and commitment to use special recreational programs to support the overall intention of the Rehabilitation Act.

Although not a statutory amendment, it is strongly recommended that a **REGULATORY CHANGE** be made in the administration of Section 316 projects. Specifically, it is recommended that the funding cycle be extended to **THREE (3) YEARS** instead of the current one year "seed" approach.

The restriction to one year funding makes it very difficult to get definitive information of the effects of programs. As a result, it is difficult to provide local agencies with a justification for continuing with the programs initiated by the seed grant. This calls into question the effective use of appropriated monies intended to initiate long term changes in the availability of recreational opportunities for disabled persons.

TITLE VII COMPREHENSIVE SERVICES FOR INDEPENDENT LIVING
(Part A Comprehensive Services)

The purpose of the proposed amendments to this part of Title VII is to ensure that the language used in reference to recreation is consistent with other sections of the Act.

> Sec. 702 (b)..."comprehensive services for independent living" means any appropriate vocational rehabilitation service...and any other service that will enhance the ability of a handicapped individual to live independently and function within his family and community and, if appropriate, secure and maintain appropriate employment. Such services may include any of the following: ...physical rehabilitation; therapeutic treatment; health maintenance; **RECREATIONAL SERVICES;** services for children....

This recommendation is made because "recreational services" more accurately represents the fullest potential scope of recreation as a rehabilitative service and public service available in the community to all citizens. This recommended amendment would also make the reference to recreation in this section consistent with other sections of the Act and would imply a set of services and experiences that go well beyond simply providing activity opportunities.

Part B Title VII Centers for Independent Living

The purpose of the proposed amendments to Part B of Title VII is to encourage the recognition of recreation as a specific component of an individual's life and therefore an appropriate category of information that should be available through Independent Living Centers.

> Sec. 711 (c)(2)...offer handicapped individuals a combination of independent living services, including as appropriate-
> (E) housing, **RECREATION,** and transportation referral and assistance;
> (F) surveys, directories, and other activities to identify appropriate housing, **RECREATION OPPORTUNITIES** and accessible transportation and other support services;
> (K) individual and group social and recreational **SERVICES;**

As indicated throughout the recommended amendments presented earlier, the proposed amendments to Part B of Title VII are necessary in order to increase the likelihood that recreation will be given greater attention in developing and disseminating information pertinent to community living.

Title VII Part C Independent Living Services for Older Blind Individuals

The purpose of the following amendment is to ensure the fullest scope of recreation services, including recreational activities, for older blind individuals.

> Sec. 721 (a) (6) any other appropriate services designed to assist a blind person in coping with daily living activities, including supportive services **SUCH AS RECREATION AND** rehabilitation teaching services."

This recommendation is made in order to ensure that recreation activities are not offered in a vacuum, rather, as a part of the fullest scope of recreational services that can assist a blind person with adjustment to visual impairment and independent community living which actively includes recreation and leisure experiences.

Justification. During this past year a very exciting gathering took place in Washington, D.C. Project INSPIRE celebrated the accomplishments of individuals with disabilities in the area of sports, arts and leisure. The honorary chairs, Senator Robert Dole and First Lady Nancy Reagan, brought attention to the importance of recreation and leisure as a compliment to other advances disabled persons are making in their lives. Yet, another message was abundantly clear. More is needed. Disabled persons, especially those elderly and severely disabled, need the support of recreation to develop themselves to their fullest potential, and desire recreation and leisure in their lives on a regular basis.

Louis Harris and Associate's recently completed report (Disabled Americans' Self Perceptions: Bringing Disabled Americans into the Mainstream, 1986) revealed startling and significant limitations to the social and recreational involvement of individuals with disabilities. For instance, disabled persons have a limited social life, socialize less with friends and family, and are less involved in community activities. A 56% majority of disabled Americans say that their disability prevents them from getting around, attending cultural and sports events, or socializing with friends outside their home as much as they would like. This figure rises to 67% for somewhat severely disabled persons, and to 79% among very severely disabled persons.

The Harris report also indicates that nearly two-thirds of all disabled persons never went to a movie in the past year. Comparatively, only about one in five non-disabled adults have not attended a movie. Seventy-five percent (75%) of all disabled adults, compared to about 40% of all adults, did not go to a live theater performance or a live music performance during the past year. Furthermore, only 40% of disabled persons are somewhat active or very active in community groups such as religious groups, volunteer groups or recreation groups. Only about one in ten severely disabled persons say that they are at least somewhat active in community life.

It is obvious from the Harris report that far too many individuals with disabilities do not have lifestyles that actively involve recreation and leisure. This fact reflects a diminished quality of life. Fifty-seven percent (57%) of all disabled persons claimed that their disability prevented them from reaching their full abilities as a person. This belief rises to 72% for individuals who are severely disabled. Clearly, there is a need to provide disabled persons with more opportunity to and access to recreation and leisure experiences.

The short successful history of recreation's growth as a result of the Rehabilitation Act does not mean that now is the time to decrease federal support for recreation for individuals with disabilities. Quite the contrary. The Harris survey revealed a powerful endorsement for the role played by the federal government in giving better opportunities to disabled persons. The report stated that "a two-thirds (67%) majority of disabled Americans think that federal laws since the late 1960's to give better opportunities to disabled Americans have helped a great deal or helped somewhat. The strength of this endorsement is unsurpassed, and an encouraging and important confirmation that the federal government has helped, and should continue to help disabled Americans."

As indicated in the status section of this document, many RSA Special Recreation Projects have resulted in increased confidence, community participation, independence and progress on prevocational and vocational goals of disabled individuals. Recent research reported in the Archives of Physical Medicine and Rehabilitation indicates that wheelchair athletes are more successful than non-athletes in avoiding the major medical complications for which they are at risk. If they need to be hospitalized their stays are much shorter. The consequence then is that these individuals are not only more healthy, there is less cost to the insurance companies, the state and to themselves for on-going medical care. If recreation can result in such benefits, then the cost-benfit ratio certainly supports the continued investment of federal dollars. The pride, joy, human dignity and worth experienced by the thousands of individuals who have been served by Section 316 of the Rehabilitation Act underscores that the federal investment has had immeasurable return in human potential.

The amendments to the Rehabilitation Act proposed in this document are necessary to ensure a consistent and thorough inclusion of recreation in the rehabilitation process, and to make the terminology associated with recreation services accurate.

Recreation is currently used in the Act in a limited way. That is, it refers to a set of activities rather than a range of services addressing a broad life content area commonly referred to as leisure. Recreation in the rehabilitation process involves more than a set of activites. Therapeutic recreation services involves a process of using individual and group recreation and social activities to improve or maintain the physical, social, mental and emotional functioning of an individual related to developing and expressing a healthy lifestyle that actively involves leisure, and assists with coping with and compensating for the limitations associated with the handicapping conditions.

These services are planned and implemented based on an assessment of needs, interests and support systems, and are related to the overall rehabilitation plan of the individual. In addition, therapeutic recreation services includes an educational process referred to as leisure education which is intended to assist the individual in developing and maintaining knowledges, attitudes and skills associated with recreation and leisure participation. These services also involve advocating for and enabling the independent, self directed use of recreation in segregated and integrated settings.

The Legislative Coalition on Therapeutic Recreation urges the reauthorization of the Rehabilitation Act. The recommendations contained in this document are intended to make the Act stronger and to ensure a more consistent and thorough use of recreation in the rehabilitation process and in comprehensive independent living services.

Senator WEICKER. Our next witness is Charles Carr from the National Council of Independent Living.

Mr. Carr.

Mr. CARR. Mr. Chairman, my name is Charles Carr, and it is a great privilege for me to be able to speak on behalf of the National Council of Independent Living.

The Subcommittee on the Handicapped has historically been the strongest ally millions of people in the Independent Living movement have with regard to progressive legislation and responsible social policy. It is in this spirit that I will offer the position of NCIL concerning the reauthorization of the Rehabilitation Act of 1973, as amended in 1978.

I would like to begin by sharing some personal experiences I have had as a disabled person living in an institutional environment prior to the Rehabilitation Act, and finally mainstreamed in the community 8 years after title VII, the Independent Living amendments.

By 1978 when the Independent Living section of the Rehabilitation Act was enacted, I had been institutionalized for 7 years. I lived in hospitals and chronic care facilities in the Commonwealth of Massachusetts during my adolescence and early adulthood. These were cold voids in my life that often seemed ominous and insurmountable. But I gained strength and hope from other disabled people I met or heard about who were active in the Independent Living movement.

During the early seventies, I was incarcerated in the Massachusetts Hospital School in Canton, MA, where I received a segregated institutional high school education that was mediocre and socially deprived. Public Law 94-142 was just a dream and rampant segregation and isolation was the rule rather than the exception. After high school, I naturally wanted to leave and live with my family and go to college and get a job. But it seemed as if none of these were in the cards for me.

I tried to return home but with no attendant care and an inaccessible house, my parents and I just could not manage. In 1972, I was forced to live in Middlesex County Hospital in Waltham, MA, a chronic care hospital where people were patients and there were 40 to 60 patients per floor. Patients in the rooms surrounding me died on a regular basis. By then I was 19.

I tried to escape by attending college, but during the preadmission interview, I was consistently told that I could not handle the workload. I was turned down for this reason twice. My civil rights, which are still challenged to this very day, were just in the planning stages and what is section 504 now was a mere vision then. I was not equal under the law, although I was told enough to fight for my country. Because of my disability, I was judged as something less than human. And to a large extent, I still feel the same.

My life turned completely around, however, when I became more involved in the Independent Living movement in Massachusetts. I learned that the quality of my life and the lives of other disabled people in the years to come depended on our unwavering commitment to the Independent Living philosophy of self-determination, mainstreaming, equality and full social participation. I fought for these ideals, and as each year passed, I began to realize that one after the other. But for each sweet victory, there was a series of setbacks and none have been so harsh as those witnessed during the present administration.

Today there are millions of disabled children and adults who are confronted with the same experiences and decisions I faced but, due largely to the grass roots organization and systemic advocacy of Independent Living Centers, programs and services are in place through community based ILC's to make the transition from early adolesence through adulthood as quality oriented and productive as possible. Funding to support Independent Living Centers was first appropriated in 1980 through title VII(b) of the Rehabilitation Act of 1978. At first, 10 States were funded as demonstration projects to develop and provide consumer controlled community-based, cross disability Independent Living advocacy and services. Massachusetts has developed six ILC's that are statewide and working with thousands of disabled citizens. But the battle for stable funding since the first appropriation 6 years ago has been a long and weary one.

While we were trying to stabilize our funding bases and develop advocacy and services, the Reagan administration tried to dismantle section 504 of the Rehabilitation Act and issue new weakened civil rights guidelines governing transportation, housing, et cetera. Also, as you are well aware, disabled children and adolescents were not spared as Public Law 94-142 came under attack, and the right to a free and appropriate public education was threatened. The ILC's nationally pulled together with other advocacy groups to thwart many of these efforts and sent the administration a clear message that we would not give up our civil rights at any cost.

Because title VII is generally funded through the State vocational rehabilitation agency, there is a clear need to promote cooperation through communication. In my State, the Massachusetts Rehabilitation Commission receives and administers title VII(a) and (b) funds. MRS then contracts for Independent Living advocacy and services from the statewide network of eight community-based ILC's and programs. Title VII(b) has served as a source of core funding for the Massachusetts ILC's, and the majority of those nationally since its inception. For the past 6 years, we have been building our advocacy and program capacities with title VII(b) funding.

As the reauthorization of the Rehabilitation Act approaches once again, we face grave uncertainty. With the Civil Rights Restoration Act languishing in committee and Gramm-Rudman in place, the future is bleak. Budget cuts ordered by Gramm-Rudman and zero dollar recommendation for part A by the administration weakens our fiscal stability even more. And in the face of awesome budget cuts, the title VII(b) grant process is soon to become competitive. This is a perilous position and we must take every step necessary to prevent it.

The National Council of Independent Living therefore recommends that title VII be amended to allow for ongoing core funding for part B community-based OLC's that meet the National Council on the Handicapped standards. This funding should be subject to a formula that takes into consideration both geography and population. With more funding in place, ILC's will be assured a baseline of funding from which to operate and will be able to proactively plan for the diversification of our funding bases. Funding will be sought from various sources such as State and local government, third-party reimbursements, and development. Our stability and long-term effectiveness hinges upon a firm commitment from this committee to amend the Rehabilitation Act to allow for core funding for title VII(b) ILC's that meet NCH standards.

NCIL also sees another critical link to the continued success of independent living—the adoption of the National Council on the Handicapped standards for evaluation. NCIL therefore recommends that Congress adopt the NCH-approved draft standards for evaluation as is, and that it ensure that title VII(b) funds will only go to ILC's that meet these standards.

As you know, the Congress previously requested and funded a national evaluation of ILC's using the NCH standards as a measure of success. Furthermore, the law required that the results of this national evaluation be complete no later than February 1, 1986, so that Members of Congress could examine the report to make an educated decision with regard to continued funding of ILC's using NCH standards.

On one hand, NCIL is very happy to report that the national subcontractors conduct a thorough evaluation of title VII funded ILC's and published their findings which were eventually received by the Rehabilitation Services Administration in December 1985. But, on the other hand, we are deeply troubled to learn that RSA has chosen to reedit the results which ultimately deemphasizes much of the Independent Living Centers advocacy success and relegates this critical piece to appendices in the back of the report in small print. And as of last week, NCIL was amazed and angry to find that members of this committee had not received this critical report from RSA. This defiance of the Congress by RSA gives the appearance to the membership of the National Council of Independent Living that the Department of Education does not view the stability and future success of independent living as a priority. Once again, community-based ILC's have become a political football subject to the whim of a barely tolerant administration. NCIL believes that the unedited report is a good picture of the state of independent living in this country.

With the components of core funding for part B and the adoption of the present NCH standards in place, our final recommendation serves as a control and continuing assurance mechanism which mandates that disabled consumers of independent living advocacy and services have meaningful input at the local level concerning all aspects of planning and funding strategies using title VII funds.

Therefore, NCIL recommends that title VII be amended to include an independent living advisory body within the vocational rehabilitation agency, where appropriate, which is comprised of at least 51 percent consumers of independent living advocacy and services to be chosen by community-based independent living centers. This committee must be the main coordinating body in the State for planning of independent living advocacy and services as well as implementation and funding of the same. This advisory committee will coordinate and enhance the effectiveness of independent living nationally and, more importantly, give a long over-due voice to the millions of disabled people around the country who have historically been excluded or locked out of this process.

In closing, I submit that these recommended changes to the Rehabilitation Act are sound and prudent, and reflect the demands of our membership. Further, these recommendations represent major concessions and thoughtful dialog without colleagues in the traditional rehabilitation community and should be viewed as a consensus among these groups.

The divide and conquer mentality of the Reagan Presidency is serving its divisive purpose, and now threatens to engulf the Congress amidst the awesome scope of the budget deficit. The National Council for Independent Living urges the members of this committee to stand back from the budget deficit in a relative objectivity and carefully consider the thoughtful and cost-effective legislative initiative we have put forth for your support.

Our membership of 67 community-based, consumer-controlled, cross-disability independent living centers from all over the United States provide advocacy and independent living service to millions of disabled people. So we must have the following legislative changes in title VII of the Rehabilitation Act to ensure our survival. Your supportive action on these recommendations will finally guarantee that people like me can realize our full potential and enjoy the same quality of life that you do.

This concludes my testimony and I would be happy to answer any questions you have.

Again, thank you very much for this opportunity to speak.

Senator WEICKER. Mr. Carr, thank you very much, and Dr. Richardson.

Unfortunately, I have to get to the floor. And I want to say there might be some questions for response to the record.

I would like to thank all who testified before the committee today, and assure you that the statements and recommendations will be carefully considered as we prepare reauthorization legislation for this critical program. I take a great deal of pride in the fact that this subcommittee has always had very thorough hearings on the matters on which it intends to legislate. And I look forward to continuing the hearings on March 25, when we will hear testimony from the National Council on the Handicapped, and will look further at supported employment, projects with industry, rehabilitation, and research and training.

The committee will stand in recess until that time.

[Whereupon, at 11:50 a.m., the subcommittee adjourned, to reconvene Tuesday, March 25, 1986.]

REAUTHORIZATION OF THE REHABILITATION ACT OF 1973

TUESDAY, MARCH 25, 1986

U.S. Senate,
Subcommittee on the Handicapped of the
Committee on Labor and Human Resources,
Washington, DC.

The subcommittee met, pursuant to notice, at 9:38 a.m., in room SD-430, Dirksen Senate Office Building, Senator Lowell Weicker (chairman of the subcommittee) presiding.

Present: Senators Weicker, Simon, and Kerry.

OPENING STATEMENT OF SENATOR WEICKER

Senator Weicker. The subcommittee will come to order.

Today is the subcommitte's final hearing on the reauthorization of the Rehabilitation of the Handicapped Act. This program currently provides rehabilitation services to some 935,000 disabled adults, and represents the most significant Federal effort to promote employment of the Nation's disabled citizens.

Last week we heard recommendations from the administration for the Rehabilitation Act. While I was pleased that they actually had some recommendations, rather than requesting a 1-year extension with no changes as they did for the Education of the Handicapped Act, I must say I find their recommendations out of touch with the lives and needs of disabled persons.

In response to the facts that only 1 in 20 eligible persons receive rehabilitation services and that two-thirds of disabled adults aged 16–64 are not employed, the administration recommended increasing the State match from 20 percent to 25 percent and a budget cut of $136 million for fiscal year 1987. One can only speculate about the impact of these recommendations should they be implemented. How many more disabled persons does this administration want to turn away from rehabilitation services? How many more disabled persons is this administration willing to see out of work?

I have said it before, and I will say it again—this Congress will not turn its back on the 36 million disabled citizens who depend on us for equal opportunity. No deficit reduction plan endorsed by this Senator will look to balance the budget on the backs of handicapped citizens. Indeed, if this administration were serious about long-term deficit reduction, they would be requesting substantial increases for rehabilitation efforts, wich pay off dramatically in the long-run by putting people back to work.

We will begin our consideration of the Rehabilitation Act today with Mrs. Sandra Parrino, chairperson of the National Council on the Handicapped. Mrs. Parrino, will be followed by panels considering supported employment, projects with industry, technology, research and training.

We have four panels today with some very interesting persons testifying before the committee. I would really like to ask questions if I can, but there is no time left for questions if everybody is going to be heard; so I would appreciate it if witnesses would keep their oratory to about 5 or 6 minutes and submit their statements in their entirety for the record. That way, we can have a good dialogue on some of the points that are of interest, I think, to everyone.

[Opening statements of Senators Kerry and Simon follow:]

OPENING STATEMENT OF SENATOR JOHN KERRY

Senator **Kerry**. Good morning. I am delighted to welcome our witnesses today's to hearing on the reauthorization of the Rehabilitation Act. I would particularly like to extend a welcome to two expert witnesses who have traveled from my home State of Massachusetts. Elmer Bartels our State commissioner of rehabilitation and Charlie Carr the president of the New England Independent Living Program, based in Lawrence. I want to thank both of you for your unfaltering commitment and sincere dedication on behalf of handicapped individuals throughout the Commonwealth.

Established in 1920, the Rehabilitation Act has a proven track record in providing essential comprehensive vocational rehabilitation services to mentally and physically handicapped individuals. Since its inception, the act has assisted over 5.5 million disabled citizens in achieving meaningful employment and self-sufficiency. For severely handicapped persons who are not potentially employable, the act has offered critical services to promote independent living.

It is estimated that over 35 million Americans have physical or mental disabilities, a sizable portion of our Nation's population. Last year close to 935,000 handicapped persons were served by State REHAB agencies. Yet despite this apparent success, the reality remains that the REHAB system is serving only 1 out of every 20 eligible individuals. It is our responsibility as lawmakers to help this number grow to ensure that a stable, secure system is in place to assist disabled Americans in achieving their full employment potential.

Through the State Grant Program, the Client Assistance Program, the Independent Living Centers, the Helen Keller National Center, Projects with Industry, the Rehabilitation Training Programs and the numerous demonstration programs, the REHAB system is successfully operating, and making significant improvements in the lives of the handicapped.

Yet accompanying these many innovative programs and projects under the expansive REHAB Act, there exists a serious need for purposeful, interagency coordination and cooperation. It is critical that we bring together the myriad of States' agencies serving the disabled. Too often there exists an unnecessary duplication of services, and inversely, too often clients fall between the cracks. Our present REHAB system would greatly be enhanced if States were awarded incentives for coordinating specialized services.

In the same vein I would like to note that today we are witnessing a whole new generation of handicapped youth graduating to the handicapped adult system. Under the Education for all Handicapped Persons Act, disabled students are integrated into the mainstream of American education. During their education experience this new generation is encountering state-of-the-art services, which has enabled them to go to school with their peers, and offers them opportunities to participate in their communities. To what extent are these young adults prepared to access the rehabilitation system upon their graduation? The subcommittee must determine what role the Department of Education should take in order to devise and carry out an exemplary transition program whose responsibility is evenly shared between rehabilitation and special education.

In my own State of Massachusetts for example, we have a very successful chapter 688, better known as the "Turning 22" law. This law provides for a 2-year transition process for severely disabled young adults. The State mandate has set up a system which clears the way for moving young, severely handicapped disabled adults from the schools into the State human services system and it accomplishes this with successful interagency cooperation. The law has energized the human service system in Massachusetts, and this is largely attributed to the way it serves its most severely disabled members, bringing together educators, human services agency people, parents, and advocates to work and plan cooperatively.

We must investigate how such a program can benefit and enhance our Federal system.

Considering the advances in technology, delivery systems, and therapy, the Federal Government must seek out ways to institute innovative approaches in a flexible yet focused manner. Because of the enormous task before our rehab system and the limited resources to reach our goals, during this reauthorization process, the Congress must reevaluate the distribution of resources to ensure that the Federal investment in the rehabilitation program is maximized in a way that allows the greatest number of handicapped citizens across America an opportunity to achieve their fullest potential through employment and self-sufficiency.

I look forward to today's hearing and the expert testimony by today's witnesses.

OPENING STATEMENT OF SENATOR PAUL SIMON

Senator SIMON. Mr. Chairman, the State/Federal partnership in rehabilitation is one of those programs we can look upon with great pride from our seats here in Congress. It is a program with a demonstratable record of success—both in human and economic terms. It is one of the few Government programs of its size that has been scandal free throughout its history. And although there have been critics along the way, the criticism has been directed at improving the program and never—until the Reagan administration attempt to end all Federal involvement—never to eliminate the program. And we can take pride because it has been Congress that has been the strongest advocate of vocational rehabilitation.

You in particular, Senator Weicker, have been a champion of vocational rehabilitation. Without your leadership, the program would have been likely to have seen reductions over the past 5 years rather than increases in funding. I share the gratitude of all those who are here today with your genuine concern.

We also must recognize the long-time commitment of the Senator from Vermont, Senator Stafford, for his many contributions to making the Rehabilitation Act the significant and comprehensive piece of legislation it is today.

But in the midst of our self-congratulations, we would be ignoring reality if we did not recognize the vast gap that still exists between the needs of disabled Americans and the capacity of this great program to serve them. I had an official of the Illinois Department of Rehabilitation in my office last week. At the very best—and this is, I understand, a figure that is applicable to the program as a whole—in Illinois the rehabilitation program can serve no more than one step in ten of those who are known to be eligible for rehabilitation services. The waiting list every month in Illinois is 1,000 disabled persons. After 1,000, the State agency stops counting.

We know we are doing far too little, and we know that not rehabilitating disabled persons is costly in both economic and human terms. It means wasted lives and wasted tax dollars.

Perhaps the most disturbing fact about our level of commitment to this program is that we are doing less than we did 10 years ago. In 1976, State rehabilitation agencies were able to provide services to more than 1,238,400 disabled individuals. Last year, State agencies served 935,000. State agencies are serving more severely disabled persons now, cases that are more expensive, and that is one reason for the decrease.

But the other reason is that, in spite of the heroic efforts of the chairman of this subcommittee, State agencies simply don't have the dollar spending power that they had 10 years ago. Inflation, along with the elimination of the Social Security rehabilitation trust funds, took a tremendous toll at the very time that new technologies, new models for training severely handicapped persons, and many new eligible clients—young persons graduating from special education—created increasing challenges and opportunities.

I am most concerned, Mr. Chairman, as we go into this reauthorization, that for every new burden we place upon the rehabilitation program, we recognize that there is a cost involved. If we are going to ask that greater priority be given to one group of disabled persons, we ought to recognize that we cannot do that without either providing more resources or deciding that some of the people who are now receiving services are not deserving of them. I believe we should be able to find ways to meet new challenges without being unfair to any individuals who are in need of rehabiliitation services.

And finally, Mr. Chairman, I think it is important that we recognize the commendable motivation of those who choose to work in the field of rehabilitation. I've never met one who was in it for the money, or for the glamour, or because it was an easy job. They are the ones upon whom we place the demands. They are the ones who should also get our help in carrying out the increasingly complex and difficult job they are being asked to do.

As the Louis Harris poll stated, "Not working is perhaps the truest definition of what it means to be disabled in this country." With two-thirds of all disabled Americans between age 16 and 64 not working, and two-thirds of those saying they do want to work, the challenge for vocational rehabilitation and for all of us is clear. We owe disabled Americans the dignity of having a job. And we deprive all of us by not doing more to help disabled Americans fulfill their very common, achievable, but wonderful dreams.

Senator **Weicker**. Now, our first witness today is a good friend of the handicapped, the committee and the chairman, Sandra Parrino, chairperson of the National Council on the Handicapped. I notice that Sandra is accompanied by members of the council, so I will let her make the necessary introductions. But again, Lex and the rest are all good friends, so please proceed, Sandra, as you wish.

STATEMENT OF SANDRA S. PARRINO, CHAIRPERSON, NATIONAL COUNCIL ON THE HANDICAPPED, ACCOMPANIED BY LEX FRIEDEN, EXECUTIVE DIRECTOR, AND ANDREA FARBMAN, STAFF

Ms. **Parrino**. Good morning.

I am pleased to have our executive director, Lex Frieden, with me this morning, and from our staff, Andrea Farbman.

The National Council on the Handicapped appreciates the opportunity to come before this committee once again to express our recommendations for the Rehabilitation Act.

With your permission, Mr. Chairman, I would like to ask that we can submit our report in full for the record, and I will just focus on two major issues this morning: independent living and the future role of the council.

The National Council strongly believes in the independent living programs which are managed and operated by people with disabilities. But we feel that independent living is more than just services and centers. It is a system that was created by disabled people, founded by them, developed by them, and we feel it belongs to them.

We feel very strongly in the survival of independent living centers and for their growth and expansion. Our specific recommendations are the following.

We believe in the ongoing core funding under part B. We feel it is the nourishment for the life of the independent living centers. There are over 300 centers in the United States, and they are no longer demonstration projects. We feel they are effective, and they are cost-effective. They are proven service models.

In these centers very often Federal dollars are combined with State and local dollars and private dollars to support the centers.

We feel another major issue is the board of these centers. We feel that a majority of the board members of the centers should be people with disabilities. I do not think this question should even be raised, because I do not think any other population would tolerate less than a majority to be representative of their interests. So we feel that that should not even be something that is debated.

Next, we recommend that the centers use the criteria established by the National Council on the Handicapped in order that they can be evaluated and have a system of quality control.

We realize that $60 billion are spent each year by the Federal Government on disability programs, mostly Medicare and Social Security. Independent living centers use less than one-half of 1 percent of this money, and still some people feel it is too much.

It seems to the council either we believe in the centers, or we do not; either we believe in the potential of disabled people, or we do not. And we feel that not only do we believe in the ability of disabled people to control their own lives and destiny; we believe it is their right to do so.

Regarding the Harris poll, where it says, "While life has improved for most disabled people in the past decade, being disabled still means having less of almost everything in life that most other people in the United States have." So we just strongly ask your support of the independent living movement and the continued support of centers and for their growth and expansion.

Next, I would like to mention the future of the National Council on the Handicapped. There are a few areas we would like to point out that indicate our particular interests. One is employment. Where the Harris poll provides evidence that two-thirds of all disabled Americans between the ages of 16 and 64 are not working, no other minority or demographic group under 65 of any size has such small proportions working. The national council hopes to study this issue very carefully and come up with some solutions for the employment problem.

In a nation where the unemployment rate has been decreasing, what possible excuse can we have for an unemployment rate of 66 percent for any group of Americans?

Recently, I read in the New York Times, Monday, March 17: "Labor scarcity is forcing up low-level pay." So now, instead of youngsters competing for jobs, jobs are competing for youngsters. And yet we have 66 percent of our population not working. It just does not make any sense. So we hope to look at that issue very carefully.

Next, we have a great concern about people who remain in institutions and nursing homes. In my own case, my son would be a perfect candidate for a nursing home if his family could not support him. He is 20 years old; he is severely physically disabled. And if we could not afford the services that he has, he would be in a nursing home right now at the age of 20, just sitting there.

Your staff report on "Institutionalized Mentally Disabled" which you requested identified major abuses. I do not have to quote from the report because you all know it very well.

Only last week again in the New York Times—I obviously live in New York, and I get that news daily—a State mental institution in Brooklyn had to suspend 15 staff members for abusing the people in the institution.

As the National Council on the Handicapped, we must assist for finding remedies for such abhorrent conditions. We feel we represent all disabled Americans, including those in institutions, who are unfortunate enough to be in institutions and nursing homes, and we would like to begin dealing more with that population.

Another area we are concerned about is the status of enforcement of section 504 of the Rehab Act. Who in the Federal Government is overseeing the enforcement efforts of various agencies involved? The National Council must see that that question is answered satisfactorily. I think many of us can just look at our towns and villages and see a tremendous amount of lack of accessibility.

In the final area, I would like to turn to the report that we came out with in February and the Harris poll that was commissioned by the Council. In the report, we have 45 legislative recommendations, which we will continue to follow up on in the near future. And in light of the Harris poll, it is clear that there is compelling data to support our mission.

This concludes our testimony, and we would be happy to answer any questions.

[The prepared statement of Ms. Parrino follows:]

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Federal Agency

STATEMENT OF: MRS. SANDRA S. PARRINO, CHAIRPERSON
NATIONAL COUNCIL ON THE HANDICAPPED

BEFORE THE: SENATE SUBCOMMITTEE ON THE HANDICAPPED

REFERENCE: HEARINGS ON REAUTHORIZATION OF THE
REHABILITATION ACT OF 1973
(AS AMENDED BY PUBLIC LAW 98-221)

DATE: MARCH 25, 1986

Good Morning. I am Sandra S. Parrino, Chairperson of the National Council on the Handicapped. We are again delighted to have the opportunity to come before the Senate Subcommittee on the Handicapped to express our ideas and recommendations regarding the Rehabilitation Act and its impact on the lives of persons with disabilities.

Earlier this year we testified about the discretionary programs of the Education of the Handicapped Act; making changes in the education of children with disabilities is only the first step, we must now turn our attention to what happens in the lives of adults with disabilities.

The National Council on the Handicapped has spent over a year developing, Toward Independence, the special report which assessed the extent to which Federal programs and statutes related to disabled persons provided incentives or disincentives to community-based services for handicapped individuals and promoted full integration.

The report addressed ten topic areas. Legislative recommendations in the majority of the topics, including particularly those in employment, disincentives to work under Social Security Laws, community-based services for independent living, personal assistance services, and coordination, are directly related to the reauthorization of the Rehabilitation Act and will be discussed later on in the testimony.

In addition to the Council's special report, Toward Independence, the Council also has prepared a report which focuses on the Rehabilitation Act. It was developed by a task force of Council members and advisors and includes detailed recommendations and suggested legislative language.

Wth your permission Mr. Chairman, I would ask that we be able to submit the report on the Rehabilitation Act for incorporation into the Record so that I might use the time today to focus on two major issues:

1. Independent Living
2. Future role of the National Council on the Handicapped

The Council believes that independent living programs managed and operated by people with disabilities represent the most exciting development in the history of rehabilitation and services to people with disabilities. Independent living is more than centers and services; it is a philosophy, a set of ideals, an attitude, an approach. The Council strongly believes that the majority of persons with disabilities are able to sustain themselves and contribute to society provided that accessible facilities and services are available.

Environmental inaccessibility, overprotective and restrictive attitudes on the part of relatives and service providers, lack of economic resources, lack of community based support services, and a bias toward institutions in current service-providing systems, however, restrict the ability of many persons with disabilities to achieve and maintain maximum independence. Billions of public dollars are currently spent on maintaining millions of disabled Americans in situations of unproductive dependency, which impose artificial limits on disabled individuals' potential to become contributing members of society. Significant savings will be realized as America moves toward becoming an accessible society, and as more severely disabled people become independent, contributing citizens.

When considering the proposed legislative recommendations, it is imperative to recognize the importance of adopting the philosophy of independent living. A piece-meal approach to allocation of funds and provision of services is inadequate. Recommendations made by the Council affirm the philosophy of independent living and attempt to put theory into practice.

I would like to review and emphasize the Council's recommendations pertaining to Part B of Title VII -- Independent Living Centers -- authorized by the Rehabilitation Act:

1. The Council recommends that continued core funding be provided under Part B for independent living centers that meet the criteria approved by the National Council on the Handicapped. We further recommend that a 6-month transition period be allowed for those centers which do not meet the NCH criteria and for new centers which may not immediately meet the criteria.

2. The Council recommends that Part B funding be equally available to independent living centers and to state rehabilitation agencies. We recommend that centers work together with state agencies prior to applying for funding in order to plan effective cooperative strategies for developing state-wide networks for meeting the independent living needs of all disabled people in their states.

3. The Council recommends that a two-tiered approach be taken with respect to authorizations for appropriations for centers for independent living such that centers currently funded by Title VII monies would continue to be funded if they demonstrated that they meet the established criteria. In addition, the Council recommends that a portion of available funds be set aside for supporting centers not now receiving Title VII monies and for supporting the establishment of new independent living centers in rural areas and in other areas where they do not now exist.

Today there are approximately 300 centers for independent living in America. These centers are no longer experiments; they are no longer demonstration projects. We have many, many successful centers. Centers which have shown us that Federal dollars can be optimized by being combined with state, local, and private dollars.

For example, Access Living, the independent living center in Chicago uses only 40% of Title VII monies, the other 60% comes from private sources. The Westside Center for Independent Living in Los Angeles uses 65% of Title VII monies and the remaining 35% comes from private sources. These two examples illustrate how centers for independent living supplement Federal dollars with private-sector dollars.

The Council has established criteria by which centers for independent living can be evaluated, a system of quality control. These criteria state that the policy bodies of centers for independent living must be comprised of a majority of persons with disabilities. This criterion should not be considered radical: Would any other population tolerate less than a majority to be representative of their interests? Futhermore, the philosophy of independent living is based upon the concept of self-determination, and the programs which have evolved from this philosophy and which are intended to promote individual responsibility should manifest that philosophy in their organizational structure. If we expect disabled people to be self-sufficient, self-reliant, contributing members of society, then we must acknowledge their abilities and promote their role in expanding options and opportunities for independence.

The second major issue I would like to discuss today is the future role of the National Council on the Handicapped. As you recall, the Council in January presented its special report, Toward Independence, which represents the culmination of an extensive effort involving consultation with more than 2,000 disabled and non-disabled authorities from all fifty states. We take pride in having accomplished this objective. We realize that it must be viewed as a single step in a long journey. The long range goal is clear and indisputable, it is to chart a course for change that will ensure dignity, independence and opportunity for the 36 million Americans, present and future, whose lives will be affected by a disabling condition. In short, the recommendations contained in this document attempt to construct a framework by which this great Nation can convert the dreams of our Founding Fathers into the reality of opportunity for all Americans, including people with disabilities.

The Council harbors no illusions that all of the recommendations contained in this Report can be addressed and/or resolved in the life of the 99th Congress or in the duration of the current Administration. Perhaps it would be more realistic to think of the Report as a blueprint for the next decade -- a blueprint that calls for a corrdinated, comprehensive approach to the broad spectrum of issues associated with disability.

The solution to many of the problems will require substantial structural changes in our public and private system of delivering services. The new systems must be characterized by a major reallocation of resources from bureaucratic models that foster dependency to models that ensure dignity and independence. We must redefine our agenda and begin to direct our energies to programs that emphasize equal opportunity and independence as opposed to programs that are based on artificially supported equal outcomes. It is a most worthy goal to liberate millions of Americans from the degrading, debilitating, unaffordably costly dependency imposed by obsolete discriminatory attitudes and the resulting environmental and social barriers. We must rally our energies toward programs and services that enable persons with disabilities to utilize all of their abilities, to be proud, productive and independent citizens of the first class. Indeed, we seek to breathe new life into our national commitment and fulfill the promise of our Constitutional guarantee for life, liberty and the pursuit of happiness.

The Council wishes to communicate its belief that the solutions to the complex problems facing the disabled members of our society can be found in the inner resources and strengths of this great Democracy. Experience has taught us that the answers are not found in large government programs that build layers of bureaucracy between communities of concerned citizens and disabled persons. Programs are most effective when government coordinates a unified commitment between all segments of the public and private sector citizenry toward solutions that are framed in the context of economic realities. The Council has attempted to keep these realities in the forefront of their thinking and has searched for solutions that require a minimal drain on the public treasury, or offer cost-effective solutions that help disabled persons become taxpaying citizens rather than dependent recipients of the public dole. The Council wishes to reaffirm its commitment to work with Congress and the Administration in searching for programmatic solutions that are economically responsive and cost effective.

In the next year the Council will begin to host a series of forums and hearings which will enable people with disabilities, their family members and service providers, to be involved in the process of refining and implementing the recommendations in, Toward Independence. The Council will concentrate its efforts on such important issues as equal opportunity, including the opportunities to work and live independently in the community. The recent Harris Poll initiated by the Council has shown that while there are more than 20 million unemployed disabled people of working age, two-thirds of those individuals want to work. The Council is committed to insuring that this significant group of people who are undereducated, underemployed, and undervalued, have the opportunity to contribute to our great Nation 's progress and productivity.

I am pleased to have had the opportunity to testify before you today and I would be happy to answer any questions.

Senator **Weicker**. Thank you very much, Sandy, and I do have some questions.

First of all, let me answer one of your questions for you.

By law—mind you, I did not say by practice, but by law—the people that are supposed to enforce 504 are William Bradford Reynolds of the Justice Department and William Bennett of the Department of Education. That is who is supposed to oversee 504. Now, there is somewhat of a difference between the practice and what the law requires. But that, anyway, is in response to your questions, and I can assure you that we will continue to ask it until somebody finally does what they are supposed to do by law.

Now, let us talk about independent living for a minute. I think I concur with the emphasis being placed on independent living by the National Council on the Handicapped. I mean, there is not any point in spending all this money vis-a-vis education and rehabilitation, to structure the system in order to get people out of institutions and into the mainstream; there is no point in any of this, unless it has a goal, and that goal is independent living. So I could not agree more. To me, that is priority No. 1. Otherwise, let us just forget everything in between, and let us just stay in the institutional mode.

I think where the council could be of enormous help—and do not worry about the law; we will concentrate on the independent living aspects in the law—but I think one of the problems I find is a simple one of fear on the part of the communities—a fear born totally of ignorance as to what is involved here. And I think it would be very helpful if in the deliberations of the council, they consider educating the American people on what is involved vis-a-vis independent living. I realize their budget is small, so maybe it has to be done in conjunction with private funds. I just throw that out because I think it is necessary in order to get support for the concept. Right now, I do not think there is really much national support outside of the handicapped community for this concept.

Now, tell me more about the part B discretionary funds being under the control of consumers. I think I would like you to expand on that in terms of the reasoning of the council. It is an important point, and it is going to be a controversial point. I think we both know that. People will be coming in here saying no, we the administrators, the State administrators and everyone else, we want to keep our hands on it.

Ms. **Parrino**. Do you mean the majority control on the boards?

Senator **Weicker**. Yes; yes.

Ms. **Parrino**. Yes. It is a simple matter of 51 percent of people on the boards of the independent living centers being people with disabilities.

Senator **Weicker**. First of all, who opposes this?

Ms. **Parrino**. Well, individually, I am not exactly sure, but there is opposition. I do not understand it. In very simple terms, I see people—and I use my son as a model—as having a right to determine their own destiny and future. Now, how is it that able-bodied people who have not lived with disabled know more and understand better what disabled people are striving for?

Do I know more than Lex Frieden about Lex Frieden's disability? Certainly not. So, if he is a mature adult who has an education and is in a position to be a board member on an independent living center board, surely he is more qualified than I am.

Now, it does not seem to be understood by a lot of people. It is very, very clear to me, and I think to most of the national council.

Lex, do you want to comment on that?

Mr. **Frieden**. If I may, I would like to add that when Congress passed the Rehabilitation Act Amendments in 1978 that included independent living, they said there should be substantial consumer involvement in the management and operation of the programs. And one of the issues that has come up during that period since that law was enacted is the question of what substantial consumer involvement means. And it seems that we need to define that a little more clearly for some agencies that are responsible for implementing that legislation. And many of us feel as though substantial consumer involvement should mean nothing less than majority control of the boards of directors of independent living centers.

Senator **Weicker**. Lex, are those words in the Rehabilitation Act of 1973, substantial consumer involvement?

Mr. **Frieden**. That is in the 1978 amendments.

Senator **Weicker**. It is in the 1978 amendments. So we could amend, in other words, to include the majority, defining substantial as a majority.

Ms. **Parrino**. That is right. Substantial can mean 1 percent, or it can mean 50. It is not clear enough.

Mr. **Frieden**. People have said that there are not enough disabled people who are educated and who have the maturity and the knowledge to fill these positions in certain areas of the country. It has been said that there are not enough disabled people in certain rural communities to fill these roles. Well, we know from the Harris poll data and from census data and others that roughly 15 percent of our communities are people with disabilities. Most of those people want to be independent and should have the opportunity to participate in decisionmaking roles in these programs that are set up to encourage their own independence.

And we know from studies that people who are involved in their own rehabilitation are much more likely to have successful outcomes, and there is no better way to express that kind of involvement than to seek those people and to try and involve them in leadership positions in their own communities, and these programs that are set up to provide them with the kinds of services they need in order to be active in their communities.

Ms. **Parrino**. I mean, Mr. Chairman, can we visualize an independent living center for women and not have the majority on the board be women—or any other group? You can substitute any other group.

It is hard to believe that this is such an issue with people with disabilities. Any other group, it would not even be discussed, I do not think.

Senator **Weicker**. Again, I think it gets to the education process. Lex made the statement that it is generally thought that there are not enough able disabled to go around to serve on boards. Well, listen, you do not have to tell that to anybody in this room. There are more than enough to go around. There is as much to go around among the disabled as there is among the nondisabled. It is as simple as that. I will bet you there is absolutely no difference if you took the percentage, of those capable of serving on boards or in positions of administrative authority; there is absolutely no difference in the percentage whatsoever, none.

Ms. PARRINO. You asked about some of the opposition. It comes to mind that some people imply that the centers may fail if the majority of board members are disabled. Our response is, well, give them a chance, give them a chance. I mean, some may fail. There is failure all over. It has to be tried, we feel.

Senator WEICKER. Well, I think it is a good point, and one to emphasize in the course of your efforts. I will certainly take your advice and act on it. Let us see where we go with it. I think it is a great area to spotlight.

The Harris poll indicated that two-thirds of disabled individuals between 16 and 64 are unemployed. We will be hearing testimony on the success of supported employment. Many feel supported employment should be an integral component of the reauthorized Rehabilitation Act. Is this something that the national council has discussed and taken a position on?

Ms. PARRINO. Yes. In our report, we have encouraged supported employment and the concept of it.

Lex, do you want to add to that?

Mr. FRIEDEN. One of the recommendations contained in the employment section of our report, "Toward Independence," suggests that supported work is a viable kind of an option for many people with disabilities, and that there should be a provision to sponsor and to authorize supported work in the Rehabilitation Act, and the council recommends that be set up in a separate title in the act and that it be sufficiently funded to enable State rehabilitation agencies to sponsor and work together with these programs.

Many of us who are severely disabled understand the concept of supported work quite well. I would not be here this morning if I did not have someone who assisted me getting dressed this morning and someone else to assist me in getting transportation here and so on. However you describe it, supported work is integral to all of our being active and contributing members of our community.

Senator WEICKER. I have further questions for response for the record.

Sandy, I want to thank you and Lex and the members of the council and everybody who works on it. I will tell you, the way this council has come off the starting gate is way beyond any of my dreams in terms of its success and in terms of the forceful leadership role it is playing. I look forward to working with you in the year ahead.

Just out of curiosity while you are here, what is the council funded at in the 1987 budget?

Ms. PARRINO. The recommended funding is $850,000.

Senator WEICKER. What did you get in 1986?

Mr. FRIEDEN. We got $765,000, less the Gramm-Rudman, which brought us down to $732,000.

Senator WEICKER. And the request for 1987 is $850,000?

Mr. FRIEDEN. Yes.

Senator **Weicker**. So you are talking about $850,000; the 1986 was $765,000 before Gramm-Rudman. So you apply the 4 percent reduction on the $765,000.

Mr. **Frieden**. Right.

Ms. **Parrino**. So it would be $732,000 with the reduction.

Senator **Weicker**. OK. Thank you very much. I appreciate it and there will be further questions for response for the record.

Our sign language interpreters for today are Mr. Frank S. Burton and Ms. Janet Bailey, of Sign Language Associates in Washington.

The second panel includes Lee Valenta, a supported employment specialist from Auburn, WA; Dave Jay, Director of Production, Physio Control Corp. in Redmond, WA, and Peter MacLean, a Physio Control employee, from Redmond, WA.

Why don't we start off with Mr. Valenta, and then move to Mr. Jay and Mr. MacLean. It is nice to have you here. That was a long trip.

STATEMENT OF LEE VALENTA, SUPPORTED EMPLOYMENT SPECIALIST, AUBURN, WA; DAVID JAY, DIRECTOR OF PRODUCTION, PHYSIO CONTROL CORP., AUBURN, WA, AND PETER MacLEAN, EMPLOYEE, PHYSIO CONTROL CORP., REDMOND, WA

Mr. **Valenta**. Good morning, Senator Weicker.

I speak to you as a private consultant, specializing in the development of employment opportunities for people considered severely handicapped. I work not only in the State of Washington, but throughout the country, with States and communities interested in rethinking the opportunities available to people with severe disabilities.

It is exciting to see the concept of supported employment receiving the national attention is so long deserved. For several years in our State, we have been experiencing what people across the country are beginning to take more for granted these days: that many people considered severely handicapped can work and are increasingly welcome by businesses and communities as contributing employees and citizens; that there are several approaches to facilitate employment for these individuals, utilizing the same employment resources in our communities as everyone else, and that the difference in people with severe disabilities being able to benefit lies in the creation of the opportunity and the ongoing support.

The large majority of individuals who can benefit from supported employment are currently in nonvocational day programs or vocational services administered by State mental retardation agencies. Their numbers have grown from fewer than 105,000 in 1979 to 185,000 in 1985. During that same 5-year period, the average annual public support for those individuals has grown from $3,000 to $5,000. The total public support has tripled to over $900 million.

I have two major concerns. One is that we are not taking advantage of the potential of this group to contribute to their communities, and the second is that we are not utilizing all of our resources in the communities to create the opportunity for them to be among us.

The Office of Special Education and Rehab Services has launched a national initiative within the last few years that recognizes the value of people with severe handicaps. Their activities, consistent with the Developmental Disabilities Act of 1984, outlined the essence of supported employment: It is intended for individuals considered severely handicapped; it is paid work, based upon whatever someone without handicaps would earn for the same amount of work in that setting; it occurs in integrated settings, that is, with or among coworkers without handicaps, and it requires ongoing support.

A wonderful feature of supported employment is its flexibility. It can take several forms—and Lex referred to one—but in terms of the employment aspect, depending on the individuals needing employment and the community. It can be a mobile work crew in an urban or rural area. It can be a small business that hires both handicapped and nonhandicapped people. It can be an individual supported in a job over a long period of time. Or it can be what we refer to as an enclave, a small group of individuals working with support in a larger business.

Within these approaches, there are still other variations. There have to be, since people, resources and communities vary so greatly.

At issue for this committee is how to view supported employment and ultimately how to fund it. Our experiences thus far in the State of Washington are that people in supported employment programs are appropriate and eligible for vocational rehabilitation services. The outcomes of employment in the community and service to people considered severely handicapped are compatible. Also compatible is the short-term nature of the services of vocational rehabilitation.

For example, in our program, about which you will hear more in a few minutes, vocational rehabilitation has provided time-limited initial funding and guidance, and the State developmental disabilities agency is responsible for ongoing support. It has benefited the vocational rehabilitation counselors who now have an expanded view of people's capabilities as well as a reasonable hope of success with a group of individuals they previously thought lacked employment potential. Through cost-sharing and mutual agency support, vocational rehabilitation and developmental disabilities can help more of this growing number of people with potential who need an employment opportunity.

We have learned a great deal in the last two decades about what people with severe disabilities can do when provided with good training and when offered the same opportunities as the rest of us and when provided the ongoing support necessary to help them continue to succeed and grow.

The Vocational Rehabilitation Act is an important Federal mechanism to help these individuals. It is the mechanism that will enhance their participation in vocational rehabilitation throughout the country and not just in a few places within the State of Washington.

I recommend that its services include supported employment in language that is clear, and in a way that mirrors the definition in the Develomental Disabilities Act of 1984. If Federal acts are going to work cooperatively on behalf of individuals considered severely handicapped, they should probably say similar things.

Through the Vocational Rehabilitation Act, Federal and State agencies can also create greater local capacity to provide supported employment. I recommend that a discretionary program be included whose funds can be utilized to create opportunities for supported employment. Such opportunities could come not only through rehabilitation facilities but through businesses, community colleges, and other local resources.

There are many people who can benefit now, as well as those who will be graduating from high school in the future.

And lastly, Mr. Chairman, I reiterate that short-term services through State vocational rehabilitation leading to supported employment are not only appropriate; they also make good sense, since so many people ultimately benefit.

I am honored to have been given this opportunity, and I applaud your efforts on behalf of people with severe handicaps.

Thank you.

Senator **WEICKER**. Thank you very much, Lee.

David? Incidentally, for my young friends who just came into the room, if you want to, you can come down further this way so you do not have to crowd, and so you can hear and see what is going on.

Go ahead, please, David.

Mr. **JAY**. Mr. Chairman, my name is David Jay. I am director of production at Physio Control Corp. in Redmond, WA. We are a subsidiary of Eli Lilly, a manufacturer of biomedical equipment, heart monitors, defibrillators, and vital signs monitors. We employ 1,150 people worldwide, with about 850 in our Redmond corporate headquarters.

I am here today to speak to you about a project we began in August 1983 with Trillium Employment Services. Trillium is a not-for-profit organization whose purpose is to establish and maintain within business employment for individuals considered to be severely handicapped. The approach is referred to as an enclave.

Within our company, it involves a group of eight people working in the midst of our work force. We create a new production line within our final assembly area, and with few exceptions, the line operates like every other within the company.

The enclave is an excellent example of supported employment as I understand supported employment. The people are moderately to severely retarded; they get paid for their work based on performance, the same as other assemblers in the company; they work among everyone else and are part of all company routines, and they require ongoing support.

Our company considers this program to be a win-win situation for everyone. When we were first approached by Trillium, we were told that the individuals to be included in the program have the potential to work, but that they sometimes take longer to learn things—that once they learn them, it takes a while for them to increase their productivity.

We were also told that they may not reach the level of speed and independence of our nonhandicapped work force.

Physio has always been a successful company that has been proud of its humanitarian history, thus the enclave concept appealed to us.

However, we recognized that help would be required to coordinate a successful working relationship that would meet the needs of both the people with severe handicaps and the company. Trillium was willing to contribute the coordination by providing the necessary support for the individuals and our company, and we were willing to get involved.

The third-party support organization has made the difference, and our mutual reliance and cooperation have worked extremely well.

I would like to share with you what we see as some of the benefits thus far. The individuals work four 10-hour days and help build products that are used to benefit the community. They are initially employees of Trillium; they are also an integral part of our company. They are paid a commensurate wage for the work they do.

In addition, we have created a new entry-level wage so that they may more easily be considered for employment directly by the company. When a 65-percent productivity level is reached, the individual is eligible to become a Physio team member. If hired directly, the individual is entitled to the same benefits as other members of the Physio team. So far, two people from the enclave have been hired directly. Within the next 3 months we plan to hire two more people from the enclave.

According to Trillium's figure, the cumulative wages of the individuals in the program have exceeded $66,000 in a little over 2 years. This represents an average of $350 per month per person. I understand this figure is anywhere from 3 to 10 times what they were earning before they worked at Physio.

Beyond personal earning power, I believe the working environment has helped individuals flourish. I have watched them increase in confidence and really take pride in being a part of our team. Those who have been hired by the company have also moved out of the enclave into other production areas. This is viewed by some as a promotion and a chance to meet new people and identify with different groups of team members.

Our company has benefited as well—far beyond what I had initially expected. From an economic standpoint, the enclave was not conceived for its profit potential. Physio has always held the philosophy that the bottom line takes care of itself when the company is attentive to the well-being of its team members and the community. That is not to say that we were interested in a losing proposition. We were not, and it has not been. The enclave has held its own after some initial investment of time and personnel.

We continue to modify training needs to maintain a realistic balance between the intent of the program and the needs of the company. Trillium and Physio continue to share the costs of whatever it takes to support the employment of the enclave team members.

We managers and the other team members have learned much and have grown a great deal. We now have an opportunity to make the acquaintance, if we choose, of individuals who have pretty much been separated from us, certainly in the workplace. This opportunity is important to a lot of us, and I am sure it is important to the people with handicaps.

An additional benefit to the company is the opportunity to share what we are learning with hundreds of people throughout the country. Through visits and meetings with groups in the rehabilitation field and a few businesses, we are beginning to see other people seriously consider our approach as an opportunity for people with severe disabilities. We feel that it is a unique way for some companies to contribute to their communities. We are proud to be in the forefront of the enclave program and excited to share our experiences with others.

Finally, I think society in general benefits in at least two ways. First, there are the fiscal benefits. The information from Trillium shows that in the same 2-year period I spoke of earlier, the individuals paid over $8,000 in income and Social Security taxes. Perhaps more impressive is that the Federal living subsidies through the Social Security Administration for the group have been reduced by almost $12,000.

Second, and perhaps most important, is the opportunity for society to benefit more directly from the skills and talents of these individuals and also from knowing them better personally. If this is what supported employment is all about, I encourage you to do whatever you can to help us all do a lot more of it.

Thank you.

Senator **Weicker**. Thank you very much, David.

[Responses of Mr. Jay to questions submitted by Senator Weicker follow:]

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April 8, 1986

The Honorable Lowell Weicker, Jr.
Chairman
Subcommittee on the Handicapped
United States Senate
Washington, D.C. 20510

Dear Senator Weicker:

Thank you for your letter and questionnaire of April 1, 1986. My answers to the three questions are as follows:

1. Without question, other employers can have similar programs. Physio Control has 2½ years of data (ranging from costs, to employee relationships) to answer many potential employer's concerns. Some of the key ingredients that potential employers should exhibit are:
    1. be a progressive company
    2. be sensitive to the concerns of their employees
    3. be open minded to new adventures into unknown territories
    4. have a few key management people who are interested in promoting the handicapped -- one or two key personnel will be needed to help clear the way by answering the questions of those within the company who may have concerns
    5. most importantly, have total company commitment, dedication to making the program work, and the sustained support that is required to make the program a success

Physio Control has dedicated its resources to assist organizations throughout the country in making available our experiences over the past 2½ years. Hopefully this will help answer some of the concerns potential companies have and assist them in providing similar programs.

II. The extent of involvement between non-handicapped and the disabled varies. Involvement within the enclave setting itself is limited to 3-4 non-handicapped. We are incorporating 2 or 3 of the disabled employees (into other areas of production) half days and the involvement then becomes between 8-10 non-handicapped. On breaks and at lunch the involvement is unlimited. The enclave members participate in all company functions, parties, picnics, and group gatherings.

III. Problems

- Yes, there have been some behavioral problems. As they arise they are addressed individually through counselling, contact with parents/group home, and outside consultant group.
- The key issue with each individual is motivation. Each is very different and finding the answer takes time and patience. This can involve a major time commitment.
- In general, there are no problems with the people in the company accepting the new enclave members.

The key to preventing any major problems is to have an open dialogue between the company and the outside consultant group. Industry must feel comfortable that an experienced group of people is available to help them solve problems that are not common to their everyday business such as "motivation of the disabled" as I noted.

In summary, the rewards of supported employment are many: the sense of company pride; the growth our present employees experience in working hand-in-hand with the disabled; the personal satisfaction of hiring a person who would have very little opportunity of getting a job unless given a chance to prove they are productive; seeing the personal growth of the individuals as they accept the responsibilities common to the non-disabled; receiving the love and kindness the individuals express when people care enough to help them.

There are many companies that exhibit the key ingredients as listed, and in concert with a dedicated supporting organization can experience similar rewards. Available government funding to these supporting organizations is fundamental to successful supported employment. Thank you again for the opportunity to share our experiences.

Sincerely,

David L. Jay

David L. Jay
Director of Production

Senator **Weicker**. Peter, why don't you first of all tell the committee where you live.

Mr. **MacLean**. In Washington.

Senator **Weicker**. And where do you work?

Mr. **MacLean**. For Trillium.

Senator **Weicker**. What do you do at your job?

Mr. **MacLean**. We put things together.

Senator **Weicker**. Do you like your job?

Mr. **MacLean**. Yes.

Senator **Weicker**. And how much money do you make, Peter?

Mr. **MacLean**. $5,000.

Senator **Weicker**. $5.

Mr. **MacLean**. No; $5,000.

Senator **Weicker**. Oh, $5,000. Hey, Peter, I need a loan. [Laughter.]

Peter, what do you do with your money?

Mr. **MacLean**. I have a bank account.

Senator **Weicker**. You have your money in a bank account.

Mr. **MacLean**. Yes.

Senator **Weicker**. And do you live with your family, or do you live in an independent living situation? Where do you live?

Mr. **MacLean**. I live with my family.

Senator **Weicker**. And what do you do at night when you go home?

Mr. **MacLean**. I like my job very much.

Senator **Weicker**. You like your job?

Mr. **MacLean**. Yes.

Senator **Weicker**. David, what are these things that you have brought with you here? Do these relate at all to what Peter does?

Mr. **Jay**. Yes, Senator. I brought three examples of what Peter and the other people in the enclave do. This is called a harness—Peter, would you like to take these up and show the Senator?

This is a front panel for one of our defibrillator monitors. And these people assemble these. This is work that was done by—Peter, here are some more, so you can pass those up and give each of the Senators one of these.

The enclave itself is located right in the middle of the work area with everybody else that works in the company. And these are examples of some of the parts of the products that the enclave does. Now, these were done by our people prior to the resurrection of the enclave approach.

The front panel there, that Senator Kerry has, is 31 one that is visible to the consumer in the hospital. So the work that they do is extremely important. And of course, our equipment is used for lifesaving, and of course, it must function, so it is a very important job.

Senator **Weicker**. Peter, how old are you?

Mr. **MacLean**. Twenty-two.

Senator **Weicker**. And did you go to school?

Mr. **MacLean**. Sometimes.

Senator **Weicker**. And how long have you been at your job?

Mr. **MacLean**. Last year.

Senator **Weicker**. You started work last year?

Mr. **MacLean**. Yes.

Senator **Weicker**. What did you do before you had this job?

Mr. **MacLean**. Long time.

Senator **Weicker**. In other words, were you still at school, or did you stay at home, or did you have another job?

Mr. **MacLean**. I had another job.

Senator **Weicker**. And what was that job?

Mr. **MacLean**. Puget Power.

Senator **Weicker**. I am sorry?

Mr. **Jay**. Peter was in a Vocational Training Program for high school students at Puget Power. But he went to school until he went to Physio.

Senator **Weicker**. Senator Kerry.

Senator **Kerry**. Thank you, Mr. Chairman.

Thank you all for your testimony. I think I just have one question that I would like to ask you, David. What support by Trillium made it possible for you to get involved in the kinds of projects that you have talked about; what specifics and so forth?

Mr. **Jay**. Well, basically, I was approached by Lee back in 1982, and he gave me an idea of what he had in mind. And basically, the support he gave us was that No. 1, he supplied some people for us to interview to be the supervisor of the line, because we indicated that we were not experienced working with handicapped people. He provided the people for the line, and they also provided training for our people, the supervisors that we supplied that were going to work with the people, and so they provided basically the training, the supervision. And the way it is running now, they provide the training for—we have about seven or eight people within the company who have had formal training through Trillium, and their basic part now is that when we want to add some more people to the enclave, we let Trillium know that, and then they present some more people for the enclave. So basically, it is training as much as anything, plus the financial benefit to the enclave people.

Senator **Kerry**. Do you anticipate that the Trillium plant is going to be able to move out of that protected setting eventually?

Mr. **Jay**. Yes, sir. Two of them have graduated. We expect to graduate one next month and one about 2 months from that. We had a new person start yesterday. I have a goal, I guess we have a total goal of trying to graduate at least two a year, a minimum of two a year. And of course, we have to feel comfortable that they would be able to do the job outside of the enclave, and so we phase them in and out of the enclave to see how they perform. The first graduate was performing at 65 percent in the enclave, and 2 months after that, when she worked out on line, she was performing at 95 percent. The second one graduated out, and she is performing at 90 percent today. And this is right with the other team members of our company. So in fact, they are doing better than some of our people.

Senator **Kerry**. That is terrific.

Thank you, Mr. Chairman.

Senator **Weicker**. Thank you, Senator Kerry.

Senator Simon?

Senator **Simon**. First of all, Peter, we are very proud of you. You are one of the most effective witnesses we have had here.

Mr. Jay, I am sorry I was not here for all of your testimony, but do you have any suggestions as to how we can encourage other companies to do the kind of thing you are doing?

Mr. **Jay**. One of the first questions I asked Lee was, "Well, let us go and look at one." And Lee indicated, "There is none to look at."

So at least we can say we at least have one to look at today, so that is one stumbling block.

Two is that I always ask the question, why not? We have shown in the enclave that it is profitable—that is not the reason that we wanted to participate—but it is very profitable for the company if you want to look at it as dollars and cents, which a lot of businesses do.

Also, I think that if other companies could realize what it provides a company—some of the things we have found it provides us is that so many people in our company were not acquainted with handicapped people, and the education that they have gotten from working with the handicapped people has been tremendous.

I think that the companies can be sold on the fact that it helps their people grow, that it shows they have responsibilities; they are very much willing to learn new things, and I guess the main thing is that they can do the job. They require a little bit more training, but once they learn it, they are doing fine, and I think if they came to visit us, we could convince them.

Senator **Simon**. So that if I can summarize, it increases the profitability of the company, which any company ought to be interested in. Second, it enriches the other employees, and third, it is frankly good public relations for the company.

Mr. **Jay**. Yes; sir. I think our main feeling is that we are very proud to be on the same team that they are on. I think that is the general feeling within our company. And if you were able to be at some of the functions that we have where these people participate, I think you would walk away with a feeling that this is really great. And that is just basically the way our company feels about it.

Senator **Simon**. Great.

Thank you, Mr. Chairman.

Thank you, all three of you.

Senator **Weicker**. Lee, since this has taken place, are there other employers now who have shown an interest in providing this type of supported employment?

Mr. **Valenta**. We have been somewhat conservative ourselves in approaching other businesses, because if we are going to do it, then we are also going to have to provide the support. We do other things besides the enclave. So it is a personal balancing of energy.

But yes, John Flue Corp., a large electronics manufacturer in Everett, WA, is about to say yes. We have gone through all the negotiations. And there have been other people throughout the country who are beginning to approach employers with this kind of a concept. And as I mentioned earlier, it is not going to be the same everywhere, because companies are not the same and communities are not the same, and systems in States are not the same. But yes, it is definitely a growing thing, and there are a lot of people aware of how important this concept is and more aware of how people like Peter can contribute and do not need to be kind of set aside into segregated facilities anymore.

Senator **Weicker**. I want to thank you all very much.

Peter, I want to especially thank you because by being here and by talking with the committee, you are going to make it possible for a lot of other young men and women such as yourself to earn money and to do a job.

Mr. **MacLean**. Thank you so much.

Senator **Weicker**. Well, thank you. Thank you all.

Mr. **Jay**. Thank you, Senators.

Senator **Weicker**. The next panel will consist of Theodore Fabyan, president and chief executive officer of Vocational Guidance Services, Cleveland, OH, and Dan Sullivan of Delaware Valley PWI, Philadelphia, PA.

Mr. Fabyan?

STATEMENT OF THEODORE FABYAN, PRESIDENT AND CHIEF EXECUTIVE OFFICER, VOCATIONAL GUIDANCE SERVICES, CLEVELAND, OH, AND DAN SULLIVAN, DELAWARE VALLEY PROJECT WITH INDUSTRY, PHILADELPHIA, PA

Mr. **Fabyan**. Good morning, Mr. Chairman, Senator Kerry, Senator Simon.

I am Ted Fabyan, president and chief executive officer of Vocational Guidances Services, located in Cleveland. It is a comprehensive, innercity based rehabilitation agency which has been serving the handicapped of our community for the past 96 years. The historians tell us that it is the oldest outpatient rehabilitation facility in the country.

In 1985, we served more than 9,000 handicapped and disadvantaged individuals through 18 locations throughout northeast Ohio.

I am here representing my agency and the National Association of Rehabilitation Facilities, of which I am past president.

More importantly, I think, I am here in behalf of the thousands of disabled citizens who have been so successfully served through projects with industry programs, both in Cleveland and through a great many other cities throughout the country.

My purpose today is to urge the members of this committee to continue and expand this very successful model program in the rehabilitation field and to urge that you favorably consider converting a program that now has been in operation for 15 years from a demonstration status to a regular service status. I think both of those propositions are fairly adequately supported by a study that you, Senator Weicker, requested be conducted and that has been forwarded to the Congress, that represents an evaluation of the project with industry efforts over a 1-year period. And that study certainly suggests that both of those matters that I have suggested warrant your very serious and favorable consideration.

Projects with industry has been a centerpiece of the programs that we have operated in Cleveland for the past 15 years. You will find me making some reference to our experiences of necessity, but I believe what has happened in Cleveland really represents a microcosm of the very successful results that have been achieved with these projects throughout the country.

In 1970, we were selected by the then Department of Health, Education and Welfare to be one of the three agencies to pilot the development of the projects with industry approach in this country.

The model that we developed in 1970 might by some be considered the beginnings of a supported work model. Our task was to approach private sector companies, asking if they would set-aside work stations where we would place selected disabled clients who would have the benefit of continuing assistance from a vocational counselor, that counselor also providing ancillary services to the host company.

The activities at the worksite included the typical forms of work adjustment, training and basically, job placement. We find that a very high percent of those people who are involved in this kind of program are in fact employed by the host company and other businesses frequently will hire those who are not.

Nationally, PWI is now funded under title VI of the Rehabilitation Act. Currently, there are 98 projects funded in 33 States, the District of Columbia and Puerto Rico, and across the country PWI is specializing in those kinds of programs that involve a close working partnership with the private sector but are designed principally to provide job placement for the participants.

During the 15 years of our PWI funding, we placed 5,000 disabled clients, all of whom have been clients of the State vocational rehabilitation agency. In other words, those people that we are working with are all referrals from the State agency. This does not represent a parallel kind of program, but really, an enhancement and extension of the State VR program, merely providing them with another way in which their clients can be served and, we think, more effectively.

Our program has grown considerably over the years, expanding from one initial factory with about 10 work stations in 1970 to today we have 19 firms offering 130 work stations. Looking at it another way, the first 3 years of operation, we placed 125 people out of that program. During the last 3 years, we placed 1,338 people into the competitive work force out of that program alone. We think that the improvement in the placement rate is a direct result of the continuity we have enjoyed in funding for that program. We have been able to evolve the services, build stronger relationships with the private sector and as a result develop a better, stronger program for the clients that are producing a greater number of people being placed and at a lower cost.

In reference to cost-effectiveness, in 1970, we placed 125 people. The average cost was $3,600. During the last 3 years, our average cost per placement is down to $775, which is really one of the lower costs per placement of any placement programs that we are familiar with. And again, this ability to reduce the cost per placement is directly attributed to the longevity, the opportunity to plan, and for the program to evolve.

Let us take another very important aspect and certainly, a feature of Projects With Industry, which is the partnership with the private sector. In our community, we started with just several employers working with us as advisers. Today, we have 66 individuals representing 48 of the most prominent firms in our area, providing us with tremendous guidance and support.

It has made a major difference in how we do business. Instead of our designing programs to do what we think the employer wants, we are now designing programs with the consultation of employers, so that the programs are what they want. And that is certainly one of the major reasons that they have been so willing to employ graduates.

The PWI evaluation report that I referred to earlier found the Projects With Industry Programs to be very effective in accomplishing our goals of placing people with disabilities into competitive employment. And it also found a very high level of satisfaction on the part of the employers that participated.

Just a few of the more important points that that report identified: 16,000 people received PWI's services during the year the project was evaluated. Two-thirds of them were severely disabled. The average earnings upon completion of the program was $150 per week, which translated to represent $1,263,000 a week, or $65 million a year in earnings by these folks.

The single most frequently mentioned reason for employers participating in PWI was that it was a source of qualified employees.

I think the report makes several points that should be considered in the reauthorization of the Rehab Act. The report said that projects expressed a need for additional technical assistance, and they certainly do. The report also noted that RSA should support the development of national partnerships between business and rehabilitation. Most importantly, the report said that the administrative ambiguity of whether PWI is a service or a demonstration program should be clarified.

The National Association for Rehabilitation Facilities feels strongly that after 15 years as a demonstration program, PWI should be recognized as a successful method of placing people with disabilities. In fact, NARF has developed statutory language to continue the current programs and to expand them, and the language is attached to the testimony that was submitted.

In conclusion, I would just again like to reiterate that we think this program has demonstrated not only in Cleveland but across the country that it is an exceptionally successful process for helping disabled people find jobs in the private sector. We believe it is without parallel in its success, and we would urge this committee to assure that the program is continued and expanded to many other cities in the Nation where disabled citizens could benefit from this program.

And the second point is that I would strongly urge that you convert the project from that of a demonstration status to that of a service program, where the program would have the benefit of continuity and the building of services over the years into the kinds of models that we see in some cities across the country.

Thank you very much, Senator.

Senator **Weicker**. Thank you very much, Mr. Fabyan.

[The prepared statement of Mr. Fabyan follows:]

NATIONAL ASSOCIATION OF REHABILITATION FACILITIES

John E. Lapidakis
President

John A. Doyle
Executive Director

TESTIMONY OF

THEODORE FABYAN, PRESIDENT
VOCATIONAL GUIDANCE SERVICES
CLEVELAND, OHIO

ON BEHALF OF

THE NATIONAL ASSOCIATION OF
REHABILITATION FACILITIES

BEFORE

SUBCOMMITTEE ON THE HANDICAPPED
UNITED STATES SENATE

MARCH 25, 1986

P.O. Box 17675, Washington, D.C. 20041 • (703) 556-8848

Good morning, Mr. Chairman. My name is Theodore Fabyan. I am President and Chief Executive Officer of Vocational Guidance Services in Cleveland, Ohio. Vocational Guidance Services is a comprehensive, inner city based rehabilitation agency which has been serving the handicapped community of Greater Cleveland for 96 years, since 1890. In 1985, we served more than 9,000 handicapped and disadvantaged persons in 18 Northeast Ohio locations. I am here on behalf of both of my agency and the National Association of Rehabilitation Facilities (NARF), of which I am Past President.

Vocational Guidance Services - PWI History

Projects With Industry has been an important and successful program at Vocational Guidance Services for the past 15 years, since, in 1970, we were selected by the Department of Health, Education, and Welfare to be one of three agencies throughout the country to develop the Projects With Industry approach to rehabilitation. The program model which we developed in 1970, and which we continue to use to this day, focuses on industry-based work adjustment, work experience, and training, followed by job placement , work experience, and training, followed by job placement in the host site or in other similar business concerns.

Nationally PWI is now funded under Title VI of the Rehabilitation Act. Currently there are 98 projects funded in 33 states, D.C., and Puerto Rico. PWI is a specialized rehabilitation programs that concentrates on placing disabled persons into competitive jobs when they are ready for placement but is still an integral part of a continuum of rehabilitation services.

During the 15 years of our PWI funding, we have placed 5,000 disabled clients of the state vocational rehabilitation system, into the competitive work force.

Our program has grown considerably over the years, expanding from one initial factory, with ten work stations, in 1970 to 19 Greater Cleveland factories, hospitals, and businesses offering varied work stations in 1985. Looking at our growth another way, 125 disabled persons were placed in competitive employment as a result of our PWI efforts during our first 3 years of funding, while 1338 persons entered the competitive workforce as a direct result of our PWI activity over the 3 year period of 1983 through 1985. These people have been placed in a wide variety of occupations, including clerical work, factory work, food service, custodial work and housekeeping, and production sewing.

Cost Effectiveness

As we have increased the number of persons placed into employment, we have decreased the costs of placement. Specifically, the 125 persons placed between 1970 and 1973 achieved employment at an average cost per placement of $3,600. Compare this to the cost per placement of $775 during the 1983-1985 grant period. And, we expect that, with continued fundingover the ensuring years, we can continue the trend of placing greaternumbers of disabled persons at decreasing costs. We have been able to achieve our high level of success because of the continuity of our funding. This very important factor has allowed us to build each year upon the services of the previous year, providing an increasing array of options to our disabled clients.

Business Advisory Council

Another area which the continuity of our funding has positively affected is the growth of our Business Advisory Council. This network has grown from a small group of six representatives of the four companies which hosted our PWI programs in 1975 to 66 members representing 48 of Greater Cleveland's premier business concerns.The guidance and support of these experienced professionals has been invaluable to us over the years. But, without our track record in obtaining Federal, and local matching foundation, support, it is unlikely that we would have been able to develop and maintain this network of dedicated volunteers.

PWI Evaluation

A recent report to Congress, which you requested Mr. Chairman, found PWI to be very effective in accomplishing the goal of placing persons with disabilities into competitive employment and also found a high level of employer satisfaction with the program. Among the finding of the report (Evaluation of the PWI Program, Policy Studies Associates, Inc., Contract No. 300-84-0207 for the Rehabilitation Services Administration) were:

- 16,000 persons received PWI services during the year evaluated (1983-84)
- two thirds of the persons served were severely disabled
- PWI services increased the earnings of disabled persons served by an average of $150 a week which in the aggregate is $1.263 million a week or over $65 million a year
- rehabilitation facilities comprise the largest category of recipients (35 percent) and together with associations of facilities and social service agencies make up 65 percent of all PWI recipients
- rehabilitation facilities and associations have higher placement rates than other types of recipient organizations
- although advisory councils are not required they are important to the success of PWI
- the single most frequently mentioned reason for employers participating in PWI was that it is a source of qualified employees

The report made several points which should be considered in the reauthorization of the Rehabilitation Act. The report said that projects expressed a need for additional tehcnical assistance. The report also noted that RSA should support the development of national partnerships between business and rehabilitation. Most importantly the report said that the administrative ambiguity of whether PWI is a service or demonstration program should be clarified. NARF feels strongly that after almost twenty years as a demonstration program PWI should be recognized as a successful method of placing persons with disabilities into competitive jobs in the community. NARF has developed statutory language to continue the current programs and to expand the program as a method of delivering placement services. That language is attachmented to this testimony.

Recommendations

Projects With Industry has been tremendously successful at Vocational Guidance Services and in rehabilitation agencies throughout the country. I cannot urge you strongly enough to continue this program, which has such a tremendous impact upon the lives of tens of thousands of disabled Americans. Failure to do so will have disastrous effects upon the vocational, and indeed personal, lives of disabled persons not only in Cleveland but throughout the country.

I also strongly encourage you to convert the Projects With Industry Program from its status as a Demonstration Project to a Service Program. As a Service Program, each year thousands of disabled Americans will be assured the opportunity of participating in Projects With Industry, which have been proven both efficient and cost effective in helping handicapped persons take their places in the competitive marketplace. Conversion of PWI to a Service Program will give the rehabilitation facilities participating in the program the opportunity to plan for the longer term. Assured funding, based upon adherence with Federally-established standards of performance,will permit agencies such as Vocational Guidance Services to offer an expanding variety of work experience, training, and placement programs to an ever increasing number of disabled persons at a cost which will decrease proportionately with the increase in placement. Assurance of funding will stimulate both the interest and commitment of private sector volunteers giving us an increasing pool of knowledge and expertise from which to draw.The end result of this volunteer cooperation is the provision of the highest quality rehabilitation programs possible which, at the same time, meet the employment and training needs of the marketplace.

Senator WEICKER. Dan Sullivan, of the Delaware Valley Project With Industry.

Mr. SULLIVAN. Good morning, Mr. Chairman, Senators.

My name is Dan Sullivan. I am the executive director of the Delaware Valley Project With Industry, Inc., which is located at Magee Rehabilitation Hospital in Philadelphia. Prior to this position, I worked in private insurance rehabilitation and for 15 years was employed at the Human Resources Center in Long Island, NY, founded by Henry Viscardi, where I progressed from a client to master's degree rehabilitation counselor.

Delaware Valley Project With Industry, which I direct, is an industry-based program aimed at satisfying labor market demands for skilled employees by matching qualified disabled workers with appropriate job openings. DVPWI serves the five-county area surrounding Philadelphia, as well as southern New Jersey and the entire State of Delaware.

I am honored to have the opportunity to speak before you for a few minutes about Project With Industry which I believe is one of the most important and cost-effective programs in government that brings about private and public cooperation.

As you know, in section 621 of the Rehabilitation Act as amended, the Congress authorized the Rehabilitation Services Administration to establish Projects With Industry. Individual PWI projects differ widely in both approach and sponsorship. However, they have several elements in common, including an emphasis on job placement services and a strong relationship with business and industry—the employers. Many of these projects are well-established in their local communities, some for as long as 10 to 15 years, and they enjoy the long term confidence and support of employers who have benefited through participation with PWI.

A goal of PWI is that employers own the program. Nationwide, nearly 5,000 businesspersons and rehabilitation professionals donate time to PWI by serving on boards and advisory committees and by providing direct assistance in the placement process. Many PWI programs are incorporated organizations with industry/business executives constituting a majority on boards of directors. They set policy and goals and provide the leadership necessary to ensure success. In some instances, PWI projects have been designated in company procedures manuals as the primary resource for all recruiting and employment of persons with disabilities.

Delaware Valley Project With Industry is a private nonprofit organization which is one of several programs throughout the United States that are part of the Electronic Industries Foundation Model.

Delaware Valley Project With Industry, Inc., works by companies submitting job orders to DVPWI while community rehabilitation organizations are simultaneously referring disabled job candidates.

DVPWI staff review resumes and screen applicants personally to insure that they are job-ready. When DVPWI determines that an applicant with marketable skills qualifies for available jobs, DVPWI arranges for a job interview or sends the applicant information directly to the company's employment representative.

There are many benefits to both employers and to people with disabilities in this marketing approach to placement. Employers benefit through a centralized source of job-ready, qualified applicants; through effective outreach to the disabled community; through personalized matching of applicant's skills to the demands of the labor market, and assistance and followup by professional placement people.

People with disabilities benefit by a centralized resource of job openings, access to labor market information and techniques to prepare candidates for employment, and exposure through listing in our Job Candidate Guide. The general public benefits by a tax user becoming a taxpayer.

In 1985, DVPWI added a special component to the program dealing with Social Security Disability Insurance recipients.

From October 1, 1984 through September 30, 1985, 98 disabled men and women were placed into competitive employment through the Delaware Valley Project With Industry program. Positions ranged form nursing assistant to pharmacist, with starting wages ranging from $6,968 to $30,000. The average starting wage for this period was $11,995.08.

Policy Studies Associates, Inc. comprehensive evaluation of the national PWI Program which DVPWI participated in states that the cost-effectiveness of this program for established projects is indicated by an average cost of placement of $1,128. This success is underscored by the fact that placements resulted in a total gain of earned income of over $1.2 million per week.

I urgently request that you include language in the Reauthorization of the Rehabilitation Act which will continue funding for the existing Projects With Industries which meet the standards and provide additional funds for the expansion of this concept of operation into and throughout the remainder of the rehabilitation community.

The basic PWI concept accepts the private sector employer as a full partner in the vocational rehabilitation process. This acceptance has throughout the country mobilized responsible businesspeople in support of training and employment for the severely disabled. The private resources thus contributed in terms of time, inkind contributions and money far exceed the basic Federal contribution to each project.

It is my sincere belief that the PWI Program is by a wide margin the most successful placement activity within the rehabilitation process, even though it has been operating at a very low level of support.

PWI has placed in a network of business and industry over 100,000 disabled people whose earnings today are exceeding $1 billion annually, not to mention the $200 million they are paying to the government in taxes each year.

A new emphasis at the national level should be placed on the highly successful Projects With Industry Program. PWI has the potential to stimulate all of private industry in cooperation with the facilities and foundations to assume a major role in the integration and placement of disabled people into private employment. PWI introduces the concepts and practices of competition, cost-effectiveness, marketing, and the use of the latest technology and training programs modified to meet the needs of the marketplace. Projects With Industry, combining the private nonprofit effort with the capabilities of private industry and organized labor, offers the only practical way to accomplish the goal of rehabilitation and gainful employment for my disabled peers.

I appreciate this opportunity, and I will be glad to answer any questions you may have.

Senator **Weicker**. Dan, thank you very much.

Senator Kerry.

Senator **Kerry**. Thank you, Mr. Chairman.

Mr. Fabyan, I would like to focus for a second, if I can—as you make this request for transition from demonstration into a more permanent project, I am sort of curious about the data. And while I certainly applaud the 16,000 people who have been served over that period of time, and the 5,000 individuals placed, et cetera, I did not however get a sense of the comparative data available. For example, how many people relative to the available population were served and what the percentage of increase was during those 15 years. Is that kind of data available to us?

Mr. **Fabyan**. I am not sure if that data is available on a national basis, incorporating the results of all of the projects that have been in operation. That kind of information is available regarding the project that we have operated in Cleveland, if I understand your question correctly.

Senator **Kerry**. Well I hope that data does exist. What about the 98 projects presently funded in 33 States. Can we assume they keep data?

Mr. **Fabyan**. Correct.

Senator **Kerry**. Is there any compilation of how the demonstration project has evolved in order to fundamentally earn more permanent funding? Without a doubt, I mean a lot of Senators including myself, would like to fund this program, in principle. Yet I am just wondering if we can get a handle on some statistics which would assist us in documenting a rate of increase and an improved delivery of service.

Mr. **Fabyan**. If you are referring to the improved quality of service, the cost-effectiveness of a program increasing with longevity, or with tenure in the system—is this the nature of your question?

Senator **Kerry**. Well, I guess what I am really saying is, when you began back in 1970, you stated what your original placement was—125 clients the first 3 years. And now, that is significantly higher, correct?

Mr. **Fabyan**. Now, over 1,300 clients in the last 3 years.

Senator **Kerry**. And it seems to me that that kind of both increase in numbers as well as the new gained experience facilitating how you can best place individuals, is the kind of documentation that lends itself to that official transition from demonstration project. And it seems to me if we could get our hands on that with respect to some of these other programs, it would be extremely helpful.

Mr. **Fabyan**. I am sure it would. I think the three examples that I used, that I think illustrate the importance of the tenure in funding—one is the increase in number of people placed; the second is the comparison of the cost per placement being $3,600 during the first 3 years and $775 during the last 3 years—I think the growth and the involvement of the business community in that whole program is another illustration of how, given the opportunity for the service to evolve, there is great opportunity for improvement. We started with just a few businesses, a few businesspeople, involved in the program. Today, we have nearly 70 individuals representing nearly 50 companies that are intimately involved, and many more companies that are participants, but just are not necessarily involved in the management and advisory role.

Senator **KERRY**. Is there a followup support and service need for people you place in the private sector?

Mr. **FABYAN**. Yes.

Senator **KERRY**. And do you have any involvement with that?

Mr. **FABYAN**. Yes, we do. Actually, first, any client who is placed out of this program, our staff have been on the site of that company and are familiar with their personnel, and they are encouraged to call us if any problem arises at any time, and so they do. The client also is urged to call us if they have any difficulty. But beyond that, the staff make 30-, 60-, 90-day checks with the company and the client, regardless of what they have heard coming from the other direction.

Senator **KERRY**. What is your available pool of placeable people in your project?

Mr. **FABYAN**. Available pool—the number of people we serve in a given year?

Senator **KERRY**. The number of people you would like to place as opposed to those that you actually wind up placing.

Mr. **FABYAN**. In that program we are probably working with between 700 and 1,000 people per year. We are placing about 60 percent of them.

Senator **KERRY**. And was that placement percentage increased or has it been steady for the last few years?

Mr. **FABYAN**. Well, it has gone up and down, depending—if you are familiar with the Cleveland economy, we find that the economy has a significant bearing on the job opportunities.

Senator **KERRY**. I understand.

Just one question if I can, Mr. Sullivan. You described the Delaware Valley Project as one that works by companies submitting job orders to you and then you screen them and you place people. Is there any active effort to market the program more aggressively, to go out and find, recruit companies, to go through a process of marketing this?

Mr. **SULLIVAN**. Yes, definitely. In fact, we use a marketing approach as opposed to a selling approach, and what I mean by that is that I have an active Board of Directors that is chaired by a businessperson, and the majority of the board are businesspeople, combined with another portion being rehabilitation people. And they are very active in the marketing process. My lead company originally was an electronics company, General Electric, and now is a bank, Mellon Bank. And those companies and the companies on the board help us get access to other companies or other employers in the Delaware Valley.

Very often, periodically during the year, we hold something called "awareness meetings" where an employer who has had a successful experience with Projects With Industry will invite a group of other employers to a meeting in their headquarters so we can collectively tell them about the value of working with Project With Industry.

So we started out with a base of about 15 to 18 employers a little over 2 years ago, and we have got a base of about 150 employers in the Delaware Valley—a lot of it because the employers have marketed other employers; they respect what their peers state to them. So I do not have to sell it from the standpoint of hiring a disabled person. We market it from the standpoint of a quality job done by a quality person.

Senator **Kerry**. Thank you.

Thank you, Mr. Chairman.

Senator **Weicker**. Senator Simon?

Senator **Simon**. Yes. Before I ask a question of Mr. Fabyan and Mr. Sullivan, I am just looking at title VI, and I notice it says,

> The commissioner shall conduct an comprehensive evaluation of the Projects With Industry Program and submit a report on February 1, 1986, to Congress, including recommendations for the improvement and continuation of each recipient and for the support of new Project With Industry recipients.

Have we gotten that report? [Conferring with staff.] OK.

I guess my question is, is this evaluation process taking place? Are you taking a look at what works effectively and what does does not work effectively, and what have you learned in the process of that?

Mr. **Sullivan**. If I could answer briefly on two points, we have participated as one of the Project With Industry Programs that was reviewed through the policy studies associates review process, and we found that the information that we had to provide, we had available to them, and the feedback to us was that we were in a sense keeping track of and informing both our employers and our applicants, as we call them, of the program and updating on the program.

I would also like to indicate that we have a built-in evaluation system, the feedback from the employers, as well as the feedback from the applicants. By having an ongoing relationship with both employer's personnel people and the client's placement person, we have constant information on the results of the interviews, results of jobs accepted, the followup on it, and feedback, and we also get asked very often to provide technical assistance beyond that. So our feedback is from the people actively placed on a day-by-day basis.

Senator **Simon**. And before we hear from Mr. Fabyan, are you then sharing those, as you look at improvements, at efficiencies, at things that work well, are you sharing that with Washington and are you sharing it with your counterparts in Ohio and elsewhere?

Mr. **Sullivan**. Yes. We are fortunate to be part of seven programs that are sister programs of the Electronics Industry Foundation model, and on a monthly basis, we provide all of this information to EIF's national office in Washington, and that information is shared with the other programs in the EIF operation as well as through the National Association of Project With Industry, shared with Project With Industry Programs throughout the country. So we have a process of communicating with each others about our success.

Mr. **Fabyan**. I think Dan has answered your questions just about the same as I would. We participated in the national evaluation. We have our own in-house evaluation system, a centerpiece of which is the feedback we receive from surveys of our employers and surveys of our clients.

The method for distribution of information regarding how we can refine and improve our services is basically through our professional association called, NEABIR, which includes almost all of the Projects With Industry in operation in the country today, and through the National Association of Rehabilitation Facilities, where conferences and presentations are made, and so forth.

So I think that Dan's response would pretty much cover anything I would have to say in that regard.

Senator **Simon**. I thank you both very much.

Thank you, Mr. Chairman.

Senator **Weicker**. Thank you, Senator Simon, and I thank both witnesses.

We will have further questions for your response for the record. Again, thank you for being here today.

The last panel today will consist of Louis Esposito, who is a rehabilitation engineering consultant from Madison, CT; Pat Kraft, a technology consumer of Center Industries, Wichita, KS, and Dr. Marcus Fuhrer, of the Research and Training Center in Rehabilitation at Baylor University, in Houston, TX.

I also notice our good friend, Senator Kassebaum, is with us. We will reverse the order just a little bit. I know Senator Kassebaum has other duties she has to attend to, so why don't we start off with Pat Kraft; and Pat, the Senator wants to introduce you.

So Nancy, go right ahead.

STATEMENT OF HON. NANCY KASSEBAUM, A U.S. SENATOR FROM THE STATE OF KANSAS

Senator **Kassebaum**. Thank you very much, Mr. Chairman.

I appreciate the opportunity to be here today to introduce to the subcommittee Mr. Pat Kraft, of Wichita, KS.

I know Pat will be telling more about himself and his work, but I would like to mention his association with the Institute of Logopedics and the Cerebral Palsy Research Foundation.

Many years ago, really, now, I did a great deal of volunteer work at the Institute of Logopedics, which was really in the beginning days then of quite an extraordinary enterprise. And I know the difference that it can make to handicapped people.

The Cerebral Palsy Research Foundation is a source of pride for the entire State of Kansas. Its work in independent living, rehabilitation engineering and employment of the severely handicapped is known and admired throughout the world.

The foundation recognizes that all individuals, with a little assistance, can become productive citizens. Taking on challenges that others have abandoned, they have assured that countless severely disabled persons are taxpayers and not tax users.

Pat Kraft, I think, offers an excellent example of the strides an individual can make if we take the time to focus on abilities rather than disabilities. I think you will find his testimony to be both inspirational and useful.

Thank you very much, Mr. Chairman.

Senator **Weicker**. Thank you very much, Nancy.

Pat, go right ahead.

STATEMENTS OF PAT KRAFT, TECHNOLOGY CONSUMER OF CENTER INDUSTRIES, WICHITA, KS; LOUISE ESPOSITO, REHAB ENGINEERING CONSULTANT, MADISON, CT; AND DR. MARCUS FUHRER, RESEARCH AND TRAINING CENTER IN REHABILITATION, BAYLOR UNIVERSITY, HOUSTON, TX

Mr. **Kraft**. Yes, thank you.

I grew up in a small town in western Kansas. I was one of seven children. My parents found out I had cerebral palsy, and they were both very supportive of me.

As the Senator said, I went to the Institute of Logopedics from the age of 8 years to 13. When I was discharged, I was ready for public school, but I just finished the seventh grade, and because my brother and sister graduated from grade school, they would not take me back because they were afraid I would fall or something.

So, I stayed at home. But then, 1967 came along, and my mother and dad bought a hardware store in town to keep me busy, and I worked in the store. But I always yearned for something else.

In 1973, on September 29, we started the Cerebral Palsy Research Foundation Residential Facility of the Kansas Jaycees Cerebral Palsy Ranch north of Augusta, KS, and we went to work at the training center.

It was a good place, but we wanted to get our own place, so we modeled ours after a program in Sydney, Australia, and they adapted the machines to the capabilities of the handicapped, and we named our place the same as the name in Australia, Center Industries Corp. I have been there since 1975, In the first 1½ years I was in the training program, and I got employed on my 29 birthday.

I have brought some pictures of my various——

Senator **Weicker**. Pat, I understand these are pictures of you at your work station; is that correct?

Mr. **Kraft**. Yes.

Senator **Weicker**. Could a member of the staff please bring the pictures up so I might take a look at them?

Mr. **Kraft**. I am an individual who is virtually independent. I manage my own affairs. I pay taxes and contribute to the United Way. I give to the church. But we would like to see more center industries developed around the country, so more handicapped people can enjoy their freedom and independence.

[Note.—Due to printing limitations and in the interest of economy, the photos referred to were retained in the committee files.]

[The prepared statement of Mr. Kraft follows:]

A STATEMENT

BY

MR. PATRICK KRAFT

PRESENTED TO

THE HANDICAPPED SUBCOMMITTEE OF THE
LABOR AND HUMAN RESOURCES COMMITTEE
UNITED STATES SENATE
LOWELL P. WEICKER, JR., CHAIRMAN
MARCH 25, 1986

Mr. Chairman, my name is Pat Kraft. Please allow me to take a minute to give you a brief history of myself. I was born 38 years ago in a small town in western Kansas. Shortly after my birth, my parents learned that I had cerebral palsy. Due to the love and concern of my parents and family, I was raised much the same as any other child. During my younger years, I was associated with some of the finest rehabilitation and therapy programs in the world through an association with the Institute of Logopedics, Wichita, Kansas. During this time, I was motivated to aspire to a better tomorrow. However, when I became a young adult, this new tomorrow simply did not happen. There was not a comprehensive delivery system for my adult years. Consequently, I became a non-productive person living at home. In April, 1967, I was declared non-feasible for job placement by the Kansas Vocational Rehabilitation Center.

About this time, through a lifetime association with United Cerebral Palsy of Kansas, I learned of the development of a new program called the Cerebral Palsy Research Foundation of Kansas (CPR). This program, simply stated, involves the utilization of rehabilitation engineering to modify job work stations so that persons such as myself can become effective employees. I work at Center Industries Corporation (CIC), a corporate entity of CPR. I was admitted into its training program in 1975. I spent one and one half years in training while CIC attempted to secure contracts which would lend themselves to adapting equipment which would suit my disability. Long-term, profitable contracts are imperative if persons like me are to be productively employed since the rehabilitation engineering effort required to put me to work is basically a "custom" process. A suitable contract was finally obtained, and at the age of 29, I became a worker for the first time.

Mr. Leonard Anderson, rehabilitation engineer, developed a modified work station consisting of the appropriate hardware to allow me to activate and handle material for a machine to put a bead on a tube that was a component of a recreational vehicle product. I was hired by Center Industries for a probationary period with my eventual permanent employment depending upon my maintaining a productivity level consistent with the production requirements of the contract. It was the joint responsibility of rehabilitation engineering and myself to assure that production and quality standards were met and/or exceeded. I have brought with me today several photographs depicting adaptive devices developed for me during my tenure at Center Industries. They include: 1.) the adaptive device, described above, which permits me to perform the recreational vehicle contract; 2.) a worksite modification permitting me to count and package brass tool checks (Incidentally, this is a contract that Center Industries performs for the General Services Administration.); 3.) an adaptation allowing me to operate a drill press to manufacture a farm implement tool; and, finally, 4.) a device developed to enable me to verify the alignment of Scotchlite material on State of Kansas license plates.

In my opinion, without the discipline of rehabilitation engineering, I would not be here before you today. However, unfortunately, my peers around the country who do not have access to the expertise of a Rehabilitation Engineering Center remain unproductive. They live at home, in nursing homes, and state institutions. They are not even considered for jobs. Senator, I am an individual who is virtually independent. I pay taxes and contribute to the United Way. I supplied the motivation and the desire. The Rehabilitation Engineering Center at Wichita, Kansas, supplied the hardware and software to make my dream a reality. I implore you, make my success a reality for countless others by including rehabilitation engineering services as an integral part of the Rehabilitation Act. Thank you for the opportunity for letting me represent severely disabled persons.

Senator WEICKER. [illegible], let me just ask two questions. You say that you had been declared nonfeasible for employment by the Rehabilitation Department; is that correct?

Mr. KRAFT. Yes.

Senator WEICKER. What do you think you would be doing today if it were not for the Rehabilitation Engineering Services and work opportunities available to you?

What do you think you would be doing?

Mr. KRAFT. I would probably be drawing Social Security, or in the workshop; I would be a tax user instead of a taxpayer.

Senator WEICKER. Well, you are a great inspiration to all of us. I have seen these pictures here, and believe me, it certainly defies anything that anyone would believe would be happening.

Mr. KRAFT. And I would invite you or anyone in this room to come to Wichita and see what we are doing.

Senator WEICKER. Well, I assure you that nothing would please me more than to come to Wichita and see your place of work. It must be a true inspiration. And thank you for coming all the way to tell us your story.

Our next witness comes from the State of Connecticut.

Mr. Esposito, welcome, and please proceed.

Mr. ESPOSITO. Good morning.

I am Lou Esposito, and I feel twice-blessed. I get to do work that fills me with satisfaction; and today, I get to tell you about it. So thank you very much for inviting me.

I am an independent Rehabilitation Engineering Consultant, and I work mainly in the States of Connecticut and Ohio. I have been working with technology and persons with disabilities since 1970. During this time I have worked with schools, hospitals and institutions located across the country.

I was a member of the National Science Foundation-funded Electronic Information Exchange System, or EIES, and I chaired their Technology Transfer Group. I am an appointee to the National Advisory Council on Technology and the Disabled. I currently consult to the Connecticut State Division of Vocational Rehabilitation; the Connecticut State Board of Education and Services for the Blind; the New England Association of Business, Industry, and Rehabilitation, a PWI operative in the State of Connecticut; and Educational Service Centers, and the Children's Hospital and Medical Center of Akron, OH.

I am here to talk about technology as applied to disability-related problems.

Before I talk about technology, I need to say a little bit about the title, "rehabilitation engineer." It is not very well-understood. A rehabilitation engineer is practically any person who helps solve problems for a person with a disability.

The parent who builds a special switch-operated toy for a cerebral palsied child is engaging in rehabilitation engineering. The therapist or counselor who reorganizes a work activity so that it can be accomplished at all is engaging in rehabilitation engineering.

Of course, the degreed engineer working in one of the federally funded rehabilitation engineering centers is engaging in rehabilitation engineering.

What all these folks have in common is a desire to help, and some technology at their disposal which they can bring to bear on a specific problem.

A person with a disability-related problem lives with that problem 24 hours a day, 7 days a week. No matter how long the problem has existed or is projected to exist, it could seem like forever to its owner.

Solutions to problems may be simple or complex. What is important is that the solutions be appropriate to the problem using no more or less technology than is required to get the problem solved. I have an example.

I worked recently with a young lady who was prevented from gainful employment because of the motor effects of cerebral palsy. Her speech is difficult to understand, and her mobility is severely limited. Her rehabilitation counselor had found her a job at home monitoring radio commercials for sales purposes. A referral was made to me to analyze her special equipment needs.

As a rehab engineer, I must deal only with what it will take to allow her to do the job specified. Despite the severity of her disability, her equipment needs were simply a typewriter with a keyguard—and I have an example; this is a keyguard for a calculator—and a custom switch on a standard tape recorder. Since the typewriter was donated, equipment expenditures were approximately $100. That is a small but appropriate price to pay for the chance to work, and it is certainly difficult for anyone to ignore the cost versus benefit of a solution like that.

There are many similar examples within my knowledge of a small amount of technology providing large gains in the life of a person with a disability. These changes do nothing to lessen the disability, but they do work to bring the individual to the task successfully.

The Rehabilitation Act of 1973 has acted to continue to focus attention on this process, and it has operated to make life a more successful activity for all those challenged by disability.

I have another example of the application of appropriate technology to the solution of a problem. My client in this case had the residual deficits of the surgical loss of brain matter in the frontal area. The part of her problem we could deal with directly was headaches, which she believed to be caused by the lighting in her work space. On analysis, the colors emitted by her neon lighting were wrong for her. The bulbs were changed, and the headache problem was eliminated—actually at no cost, since the bulbs could be used elsewhere in the facility.

I am proud to be practicing rehabilitation engineering in the State of Connecticut. The State's largest Regional Educational Service Center called ACES, has procured rehabilitation engineering services for the past 10 years. Two years ago, the New England Association of Business, Industry and Rehabilitation was provided grant money by the Connecticut Developmental Disabilities Council to design a Job Development Laboratory. Part of the responsibility of this laboratory was to introduce the idea of rehabilitation engineering to the vocational rehabilitation community statewide. This was done by extensive in-service training involving rehabilitation counselors. Our titles were things like, "What is Rehabilitation Engineering and Where Does it Fit Into Your System?" These training sessions were followed by an offer of free services; once again, these services were provided by the grant.

The approach worked. Now, any counselor in the Division of Vocational Rehabilitation or the Board of Education and Services for the Blind in Connecticut can get rehabilitation engineering services with just one phone call. This is all made possible by the foresight of the top management of these agencies.

This grant year, services are being extended into the Connecticut Department of Mental Retardation in support of initiatives directed towards supported employment strategies.

A movement is now underway spearheaded by NEABIR and United Cerebral Palsy to link the engineering resources of the State's major colleges and universities to transfer extant technology smoothly into the hands of the consumers. This collaborative effort is a direct result of the confidence gained toward the successful application of technology solutions which have positively affected individuals who are disabled in the State of Connecticut.

I would like to direct my concluding comments toward a better understanding of appropriate technology. We have all heard of high technology, and I have been talking about instances of low technology. I am sure that many technicians would call what we do in rehabilitation engineering "ho-hum technology." The important point is that we do what is necessary to get the problem solved.

One of the most severely disabled persons I have ever worked with, I am working with right now. Ed is an engineer with disabilities secondary to a brainstem stroke. He has poor to fair speech; some head control, and one thumb that he can flex or bend.

Ed wants to write technical manuals, a job for which he is eminently qualified. Writers use high-technology machines called word processors. So the high-technology part of this project has already been invented. All I need to do is to work out the ways that will connect Ed to the technology; and because he is an engineer as well, we make a good team. We are not there yet, but we are really close. Ed is using a computer successfully with special switches instead of a keyboard. He is not as fast as he wants to be, but that is next.

I have seen the value of technology transfer and the focused emphasis of the Rehabilitation Act of 1973. On behalf of the people that I serve, I would like to see more.

I would be happy to try to answer any questions you might have.

Senator **Weicker**. We do not have a center in Connecticut?

Mr. **Esposito**. We do not have a Regional Engineering Center in Connecticut, no.

Senator **Weicker**. Where is the closest one—New York?

Mr. **Esposito**. It would be in Massachusetts.

Senator **Weicker**. OK.

Our last witness is Dr. Marcus Fuhrer, Research and Training Center in Rehabilitation, at Baylor University.

Welcome.

Dr. **Fuhrer**. Good morning, Senator Weicker, and thank you. With me, Senator Weicker, is Dr. Donald Olsen from the Rehabilitation Institute of Chicago. Donald is presently president of the American Congress of Rehabilitation Medicine which is the multidisciplinary organization in medical rehabilitation; and also with me, behind him, is Dr. William Fowler, from the University of California at Davis. Bill is past president of the American Academy of Physical Medicine and Rehabilitation, which is the medical specialty group in rehabilitation. Now, Bill heads their research committee and the research committee of the Academic Physiatrists.

We are testifying today on several programs of the National Institute of Handicapped Research. The institute was created by the Congress to develop the knowledge needed to improve rehabilitation services and to address the national problem of disability.

The scope of disability in this country is well understood by this committee. The committee is also aware of the marked insufficiency of rehabilitation services to promote the independence and productivity of persons with disability. Public policy options for dealing with the disparity between the need for services and their availability are threefold. One is to spend more money on expanding currently envisionable services. Another option is to hold expenditures for rehabilitation services constant and fall further behind. And the third option is to learn how to get better service outcomes for each dollar spent.

That, Mr. Chairman, is precisely the purpose of research sponsored by the National Institute of Handicapped Research [NIHR]. Of course, NIHR is not the only research funding agency dealing with disability and with improving rehabilitation services. The National Institutes of Health support a great deal of related work, but it tends to be fundamental research which is not directly targeted on improved services for disabled persons.

There is reason to be proud of the problem solutions and new service capabilities that have resulted from NIHR-sponsored research. You just heard one of those examples of pride.

Others include: Better methods for preventing costly medical complications in patients with severe physical impairments such as spinal cord injury, stroke, and amputation. The Institute can be proud of having contributed to new methods of quantifying disability so that the outcomes of rehabilitation programs can be rigorously evaluated. The Institute has sponsored research demonstrating the cost-effectiveness of regional systems for the comprehensive care of persons with severe spinal cord injury. And another example, the Institute has fostered research that has demonstrated new ways of securing the private sector's participation in the vocational rehabilitation of severely disabled persons. You have heard examples also of that this morning.

Ongoing research currently active, supported by NIHR, holds promise for future achievements no less significant. The research and training center at the Tufts-New England Medical Center is tackling the problem of why some service recipients who have completed medical rehabilitation are later rehospitalized, entailing considerable expense and serious disruption of work or schooling.

The research and training center at Northwestern University is demonstrating how new computer technology can be applied to treating difficulties in logical thinking or memory exhibited by some patients with head injuries or stroke.

The research and training center, Mr. Chairman, at the University of Connecticut Health Center is demonstrating how disability can be forestalled by supportive consultation with parents of infants who are at high risk for developing disability.

This and much other research are being accomplished with an annual NIHR budget that in inflation-corrected dollars is one-half—one-half—of the rehabilitation research budget for 1969. The current NIHR budget represents only a little more than $1 for each disabled person in this country. In the health care area generally, I think as you are probably aware, Senator, federally sponsored research in health care amounts to approximately 1½ percent annually of the total health care costs experienced in the country.

In contrast, federally sponsored research in rehabilitation amounts to two-tenths of 1 percent of the estimated annual costs of disability. That is an order of magnitude difference in the two kinds of Federal investments.

Another of my purposes today is to allude briefly to some amendments of the Rehabilitation Act that are needed to increase NIHR's effectiveness. Several amendments we support are contained in House bill H.R. 4021. We do recommend three other amendments.

First, the presently used elapsed time approach to funding research and training centers should be discontinued and replaced with the performance-contingent approach that was used between 1962 and 1980. The performance-contingent method that we advocate calls for funding a center initially on the basis of national competition, and thereafter renewing or discontinuing grant funds depending upon a critical review by peers of the center's productivity and its continuing relevance to agency priorities.

Now, that was true between 1962 and roughly 1979. When NIHR was transferred into the Department of Education in 1979, the elapsed time method, the currently used one, was imposed upon the centers. Regardless of a center's performance, grants are limited to a 5-year period. Upon expiration of the grant, the faculty may participate in a national competition for a new center, but the performance of the previously conducted center is disregarded in evaluating the application.

The performance-contingent basis that we are recommending be restored deserves to be restored so that centers will not devolve to the status of discrete projects, and instead so they will reassume their congressionally intended role as key NIHR resources for long term programmatic research and as change agents for improving rehabilitation services. As change agents, you also invest in these centers in training activities intended to inculcate practitioners being trained in the state-of-the-art research that you have helped contribute to. That kind of activity of disseminating and getting utilization of research is not well done on a project funding kind of basis.

Second, we do recommend that the indirect cost rate for research and training centers not be allowed to exceed 15 percent of allowable direct costs. For the first 17 years of the center program, indirect costs were limited to 15 percent.

It is reasonable that centers' host institutions cost-match the Federal grant, as they would be required to do if there is a ceiling at 15 percent, since host institutions are expected to have a major commitment to rehabilitation research. Now, with there being no limit on indirect costs, they range up to 65 percent of direct costs.

Reinstituting the 15-percent maximum will restore substantially more funds to supporting research and training activities.

Third and last, the NIHR field-initiated research grant program and the Institute's innovative research grant program are of tremendous importance to investigators in the field. Researchers are encouraged to advance their own proposals for needed research instead of being restricted to research priorities specified by the Institute.

Notwithstanding the importance of these grant programs, relatively few projects have been funded. During 1985, for example, only 38 field-initiated and innovative grant applications were funded. They represent only 4.4 percent of the applications received. We support an amendment to assure that not less than 25 percent of the NIHR budget is devoted to these programs. That should allow about 50 grant applications to be funded each year.

Mr. Chairman, thank you for the opportunity to testify, and thank you for the subcommittee's continuing efforts on behalf of disabled persons.

I welcome your questions, and Dr. Fowler and Dr. Olsen do, as well.

Senator WEICKER. Thank you.

[The prepared statement of Dr. Fuhrer and responses to questions submitted by Senator Weicker follow:]

TESTIMONY
of the
AMERICAN CONGRESS OF REHABILITATION MEDICINE (ACRM),
AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION (AAPM&R),
and the
ASSOCIATION OF ACADEMIC PHYSIATRISTS (AAP)

Before the
SUBCOMMITTEE ON THE HANDICAPPED
of the
SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

RE: REVISION AND EXTENSION OF THE REHBILITATION ACT OF 1973
REHABILITATION AMENDMENTS OF 1986

By
Marcus J. Fuhrer, Ph.D.

Chairman, ACRM Research Committee
Professor, Department of Rehabilitation, Baylor College of Medicine
Director of Research, The Institute for Rehabilitation and Research (TIRR)
Director, NIHR Research and Training Center on Spinal Cord Dysfunction
Director, NIHR Research and Training Center on Independent Living at TIRR

March 25, 1986

I am testifying today on several programs of the National Institute of Handicapped Research (NIHR). The Institute was created by the Congress to develop the knowledge needed to improve rehabilitation services and to address the national problem of disability. Current estimates are that more than 36 million Americans are disabled, and that the aggregate costs of disability are approaching 8% of the nation's gross national product. The prevalence of disability continues to grow as our population's average age increases and as we experience the miracles of acute care medicine that can sustain life, but not assure life without disability.

The scope of disability in this country is one fact; another fact is the marked insufficiency of rehabilitation services to promote the independence and productivity of persons with disability. Public policy options to dealing with this disparity are threefold: 1) spend more money on expanding currently envisionable services, 2) hold expenditures for rehabilitation services constant and fall further behind, or 3) learn how to get better service outcomes for each dollar spent. That, Mr. Chairman, is precisely the purpose of research sponsored by NIHR. Of course, NIHR is not the only research funding agency dealing with disability and with improving rehabilitation services. The National Institutes of Health support a good deal of related work, but it tends to be fundamental research which is not directly targeted on improved services for disabled persons.

Some NIHR Achievements. There is reason to be proud of the problem solutions and new service capabilities that have resulted from NIHR-sponsored research. The successes include:

- Better methods for preventing costly medical complications in patients with severe physical impairments such as spinal cord injury, stroke, and amputation;

- o New methods of quantifying disability so that the outcomes of rehabilitation programs can be rigorously evaluated;
- o Demonstration of the cost effectiveness of regional systems for the comprehensive care of persons with severe spinal cord injury; and
- o New ways of securing the private sector's participation in the vocational rehabilitation of severely disabled persons.

Ongoing research supported by NIHR holds promise for future achievements no less significant. The Research and Training Center at the Tufts-New England Medical Center has established a data base needed to identify factors leading to the rehospitalization of chronically disabled patients who have been discharged from medical rehabilitation. It is important to understand the reasons for rehospitalization since it disrupts the individual's work or schooling and is the single most costly aspect of follow-up care.

The Research and Training Center at Northwestern University is demonstrating the potentiality of new computer technology for improving difficulties that patients with head injury or stroke may have in logical thinking or memory. Such computerized treatment methods can be highly individualized for each patient; they provide sensitive quantitative indications of patient progress, and they represent tireless instructors that can substitute effectively for the costly time-effort of therapists.

At the Research and Training Center at Baylor College of Medicine and at The Institute for Rehabilitation and Research, my colleagues are exploring the use of implanted miniaturized electronic systems to eliminate involuntary limb movements ("spasticity") exhibited by some persons with spinal cord injury. Such involuntary movements interfere with walking which otherwise may be possible or with a variety of daily activities by wheelchair users. When the stimulation is effective, it is possible to avoid customary destructive surgical procedures or medications whose side effects decrease the individual's alertness in school or work.

A project being conducted at the Research and Training Center at the University of Connecticut Health Center exemplifies an anticipatory intervention intended to forestall the development of disability. A systematic evaluation is being made of supportive consultation for parents of infants who are at high risk for developing disability. This intervention is expected to reduce family stress associated with newborn intensive care and with the homecoming of high risk infants and to produce gains in infant development and adaptive functioning.

Achievements like those that have been cited are being accomplished with an annual NIHR budget that, in inflation-corrected dollars, is one-half of the rehabilitation research budget for 1969. The current NIHR budget represents only a little more than one dollar for each disabled person in this country. The aggregate investment annually by all federal agencies in rehabilitation research is less than .2 of 1% of the estimated total yearly costs of disability. In the health care area generally, approximately 3.5% of total health care costs is devoted to research and development. In short, research funds available to address the problem of disability in this country are an order of magnitude less than is appropriate.

Proposed Amendments. Another of my purposes today is to allude briefly to some amendments of the Rehabilitation Act that we recommend to increase NIHR's effectiveness. Several amendments we support are contained in House Bill H.R. 4021. We recommend three other amendments which are as follows:

1) The "elapsed time" approach to funding research and training centers should be discontinued and replaced with the "performance-contingent" approach that was used between 1962 and 1980. The "performance-contingent" method called for funding a center initially on the basis of national competition, and thereafter renewing or discontinuing grant funds depending upon a critical review by peers of the center's productivity and continuing relevance to agency priorities. When NIHR was transferred into the Department of Education in 1979, the "elapsed time" method was imposed upon the centers. Regardless of a center's performance, grants are limited to a five-year period. The faculty may participate in a national competition for a new center, but the performance of the previously conducted center cannot be cited in the application.

If the "elapsed time" basis of funding continues to prevail, the centers' performance will suffer in terms of difficulties in attracting and retaining top-notch staff, as well as a tendency to conduct shorter-term, immediate "pay-off" projects where longer-range investigations are required.

2) We recommend that the indirect cost rate for research and training centers not be allowed to exceed 15% of allowable direct costs, except where the NIHR director permits an exception. For the first 17 years of the center program, indirect costs were limited to 15%. Since host institution overhead expenses almost always exceeded that amount, this meant that those institutions were cost-matching the federal grant. That is reasonable since the centers' host institutions are expected to have a major commitment to rehabilitation research. Indirect costs for centers now range between 25% and 65% of direct costs. Reinstituting the 15%

maximum will restore substantially more funds to supporting research and training activities.

The NIHR field-initiated research grant program and the Institute's innovative research grant program are of tremendous importance to investigators in the field. Researchers are encouraged to advance their own proposals for needed research instead of being restricted to research priorities specified by the Institute. Notwithstanding the importance of these grant programs, relatively few projects have been funded. During 1985, for example, only 38 field-initiated and innovative grant applications were funded. They represented only 4.4% of the applications received. We support an amendment to assure that not less than 25% of the NIHR budget is devoted to these programs. That should allow about 50 grant applications to be funded each year.

Baylor College of Medicine
FLEMING DEPARTMENT OF REHABILITATION • 713 797-1440

April 9, 1986

Senator Lowell Weicker, Jr., Chairman
Subcommittee on the Handicapped
United States Senate
Washington, D.C. 20510

Dear Senator Weicker:

Thank you for your letter of April 1 regarding my March 25 testimony on reauthorization of the Rehabilitation Act.

You suggested a need to reconcile two observations I made: first, the current budget for the National Institute of Handicapped Research (NIHR) is only one-half of the inflation-corrected budget for 1969; second, notwithstanding such limited support, numerous benefits have resulted from NIHR sponsored research in terms of the enhanced independence and productivity of persons with disability.

Your question was, "If we had an administration which demonstrated its concern with the disabled with its pocketbook--what could have been achieved by now?"

Senator Weicker, I believe, that if the NIHR budget had even partially kept pace with the growth of health research expenditures generally, the accomplishments would have included the following:

- A body of systematic evidence allowing us to distinguish rehabilitation services that work well from those that work poorly.
- Dramatic new applications of electronic, robotic, and communications/information technology to enhance the ability of disabled persons to live productively and independently.
- Transformation of such technological developments from the idea stage through the subsequent stages of refinement, demonstration, manufacture, and distribution to the population of intended users.
- Better documented, more credible information on the nature and scope of disability in this country as a basis for federal and state policy making.
- More timely information on how health care and rehabilitation services for disabled persons are being affected by dramatic changes in sponsorship (e.g., prospective payment systems).

TEXAS MEDICAL CENTER • HOUSTON, TEXAS 77030

- An OSERS/NIHR/RSA initiative to establish a Model Head Injury Systems Program to parallel the highly successful Model Spinal Cord Injury Systems Program.
- A cadre of researchers with a career commitment to rehabilitation research whose formative experience was provided by NIHR career development fellowships.
- Augmented NIHR capability for programmatic research in key priority areas by Research and Training Centers and by Rehabilitation Engineering Centers which are supported at budget levels appropriate to their missions.
- A larger scale program of field-initiated research grants to encourage investigators to pursue their own best ideas, rather than only respond to agency priorities.
- Accurate, comprehensive data about the costs of failing to maintain the health of disabled persons, provide them educational and vocational experience, and reduce attitudinal barriers.

To summarize, we hear a great deal about the need to provide more and better services for the nation's population of disabled persons. However, we shall never be able to provide better or completely new services until we discover them, and that process is called research. Investments in research have failed to maintain a reasonable relationship with the growing number of disabled persons and with the rapidly escalating costs of disability.

Thank you for the opportunity to clarify my remarks.

Sincerely yours,

M. Fuhrer

Marcus J. Fuhrer, Ph.D.
Professor

Research Committee Chairman and
Past President, American Congress of
Rehabilitation Medicine

Legislative Committee Chairman and Past President,
National Association of Rehabilitation Research
and Training Centers

Senator **WEICKER**. Dr. Fuhrer, you state that only 38 field-initiated and innovative grant applications were funded in 1985. Do you believe this has to do with a predetermined ceiling on the number of these applications funded by the National Institute of Handicapped Research as compared to the quality of the applications?

Dr. **FUHRER**. There is no doubt. Those 38 projects represented roughly one-third of the projects that had passed peer review and were eligible for funding. Clearly, there had been a preallocation of budget to that category of funding.

Senator **WEICKER**. Gentlemen, I thank you all for your testimony. There might be further questions for response to the record.

[Additional material supplied for the record follows:]

D'AMORE AND DOYLE, INC
[illegible]

March 31, 1986

Ms. Christopher Button
Legislative Assistant
Subcommittee on the Handicapped
United States Senate
113 Hart Senate Office Building
Washington, DC 20510

Dear Christopher:

Following up on our conversation and on behalf of The Rehabilitation Research and Training Center for the Pacific Basin, I am enclosing several items regarding reauthorization of the Vocational Rehabilitation Act. Each of these items focuses on the truly unique nature of this Center, including the various populations served, the vast geographic distance involved, and the wide range and sophistication of service providers in the Basin area.

The Pacific Basin R&T Center is simply like no other. The scope of its mission and the needs of its widely varied and often diverse populations are immense. In recognition of these factors, I have included draft bill and report language for which I ask the Subcommittee's consideration. Also included is a copy of the Center's recent newsletter which I ask be included in the Record of the Rehabilitation Act Reauthorization Hearings as a discussion of the Center's structure and the challenges facing it.

I would be very pleased to provide any additional information regarding the Center which you may require, and I thank you for your consideration of this issue which is of such great concern to persons with disabilities in the Pacific Basin area.

Sincerely,

John A. Doyle

Enclosures

cc: Terry Muilenburg / Jane West

PACIFIC BASIN RESEARCH AND TRAINING CENTER

Suggested Statutory Language

Section 202(j)(2) The Director shall establish, either directly or by way of grant or contract, a Research and Training Center in the Pacific Basin[.]IN ORDER TO IMPROVE SERVICES TO PERSONS WITH DISABILITIES THRU RELEVANT REHABILITATION RESEARCH AND TRAINING IN THE PACIFIC BASIN AND TO ASSIST IN THE COORDINATION OF REHABILITATION SERVICES PROVIDED BY A BROAD RANGE OF AGENCIES AND ENTITIES. SUCH CENTER SHALL: 1) DEVELOP A SOUND DEMOGRAPHIC BASE, 2) ANALYZE, DEVELOP AND UTILIZE APPROPRIATE TECHNOLOGY, 3) DEVELOP A CULTURALLY RELEVANT REHABILITATION MANPOWER DEVELOPMENT PROGRAM, 4) FACILITATE INTERAGENCY COMMUNICATION AND COOPERATION (IMPLEMENTING ADVANCED INFORMATION TECHNOLOGY) AND 5) DEVELOP EVALUATION STANDARDS TO ASSESS THE EFFECTIVENESS OF THE PROGRAM WHICH RECOGNIZE BOTH THE UNIQUE CULTURAL LANGUAGE, LOGISTIC AND TRAVEL CONSIDERATIONS OF SUCH CENTER AND THE BROAD FOCUS (MEDICAL AND VOCATIONAL REHABILITATION AND SPECIAL EDUCATION) OF THE CENTER'S PROGRAM.

PACIFIC BASIN RESEARCH AND TRAINING CENTER

Suggested Report Language

The Pacific Basin Rehabilitation Research and Training Center was established in March of 1984 and addresses the entire spectrum of disability conditions in a population of over 1.2 million persons living in a two million square mile area. This area includes American Samoa, The Federated States of Micronesia, Guam, The Republic of the Marshall Islands, The Republic of Belau, the Commonwealth of the Northern Marianas and the State of Hawaii. Superimposed over a map of the Continental United States, this area would cover a range from south of the Canadian border to southern Texas and from offshore of the Atlantic to offshore of the Pacific coasts.

The Committee recognizes that implementation of rehabilitation programs in such circumstances requires special cultural and logistic considerations and travel over vast distances ~~provides~~ requires both that the unique nature of this Center to be recognized in law and that the Center be evaluated and funded according to standards appropriate to its unique mission.

Section 204(b)(9) Conduct of /a / research programs to develop and demonstrate innovative methods to attract and retain professionals to serve in ~~research~~ rural areas in the rehabilitation of handicapped and severely handicapped individuals. ONE SUCH PROGRAM SHALL BE CONDUCTED BY THE CENTER ESTABLISHED UNDER SECTION 202(j)(2) TO DEVELOP AND DEMONSTRATE METHODS TO ATTRACT AND TO RETAIN PROFESSIONALS TO SERVE PERSONS WITH DISABILITIES IN THE PACIFIC BASIN AREA.

Rehabilitation Hospital of the Pacific
THE REHAB
JOURNAL

SPRING 1986 VOL. 4 NO. 1

Rehabilitation Research and Training Center For the Pacific

By Satoru Izutsu, Ph.D., FAOTA
Co-Director
and
L. Sita Byrne, M.P.H.
Administrative Assistant

The Rehabilitation Research and Training Program for the Pacific Basin was established under a cooperative agreement between the U.S. Department of Education National Institute of Handicapped Research and the John A. Burns School of Medicine at the University of Hawaii. It is located at the Rehabilitation Hospital of the Pacific. REHAB has worked with the John A. Burns School of Medicine for many years.

The goal of the program is to improve services to disabled individuals through research and training, and to assist in the coordination of rehabilitation services.

The program's objectives include (1) the development of a demographic base to collect and analyze data on incidence and prevalence of disability, (2) the development of culturally relevant rehabilitation programs utilizing appropriate technology and (3) the assessment of rehabilitation personnel needs for manpower training. Evaluation techniques and standards will be developed to assess the effectiveness of research, training of personnel and the outcomes of the programs.

Geographically, the program covers American Samoa, the Federated States of Micronesia, Guam, the Republic of the Marshall Islands, the Republic of Belau, the Commonwealth of the Northern Mariana Islands and the State of Hawaii.

The period of funding for the Cooperative Agreement is March 1, 1984 through February 28, 1989. The Agreement encompasses medical, educational and vocational rehabilitation. Guidelines emphasize involvement with agencies and entities that provide health and human services to persons with physical impairments resulting in disabilities.

The Rehabilitation Research and Training Program has an Advisory Committee comprised of representatives from each governmental area.

They include:

The Honorable Kunar Abner, Minister of Health, Republic of the Marshall Islands, Majuro.

Mr. Kenneth Galea'i, Counselor, Office of Vocational Rehabilitation, Government of American Samoa, Pago Pago.

Ms. Risong Matsutaro, Coordinator, Vocational Rehabilitation, Trust Territory of the Pacific Islands, Saipan.

Mr. Toshio Nishioka, Director, Division of Vocational Rehabilitation, Department of Social Services and Housing, Honolulu.

Dr. Eliuel Pretrick, Chief, Division of Health Services, Federated States of Micronesia, Pohnpei.

Ms. Teresita Salas, Director, Vocational Rehabilitation Services, Harmon Industrial Park, Government of Guam.

Mr. Manny Villagomez, Chief, Vocational Rehabilitation Division, Dr. Torres Hospital, Commonwealth of N. Mariana Islands, Saipan.

Dr. Francisca Yalap-Soaladaob, Staff Physician/Surgeon, Department of Health Services, Republic of Belau, Koror.

The Advisory Committee and Staff of the Rehabilitation Research and Training Program includes (front row, left to right) Ethel Cueling, a physical therapist in Majuro (representing Advisory Committee member The Honorable Kunar Abner, Minister of Health, Republic of the Marshall Islands, Majuro), Risong Matsutaro, Coordinator, Vocational Rehabilitation, Trust Territory of the Pacific Islands, Saipan; Saturo Izutsu, Ph.D., Program Co-Director; Sita Byrne, M.P.H., Program Administrative Assistant; Sheila Kelly, Assistant Program Manager; Manny Villagomez, Chief, Vocational Rehabilitation Division, Dr. Torres Hospital, Commonwealth of N. Mariana Islands, Saipan; Teresita Salas, Director, Vocational Rehabilitation Services, Harmon Industrial Park, Government of Guam; (second row, left to right) Dr. Eliuel Pretrick, Chief, Division of Health Services, Federated States of Micronesia, Pohnpei; Toshio Nishioka, Director, Vocational Rehabilitation Division, Department of Social Services and Housing, Honolulu; Lynne O'Brien, Program Secretary; Dennis O'Donnell, Program Manager; Joyce Varney, Program Manager; Dr. Gary Okamoto, Program Co-Director; and Kenneth Galea'i, Counselor, Office of Vocational Rehabilitation, Government of American Samoa, Pago Pago. Not pictured: Melisa Caston, Program Research Assistant, and Clara Abe, Program Secretary.

Rehabilitation Issues in the Pacific Basin

By Joyce Varney, M.S.
Program Manager
and
Gary A. Okamoto, M.D., M.P.H.
Co-Director
Rehabilitation Research & Training Center

Special demographic, cultural, and health factors should be considered in any discussion of rehabilitation service delivery in the Pacific Basin, including American Samoa, Federated States of Micronesia (Pohnpei, Truk, Yap, Kosrae), Commonwealth of Northern Mariana Islands, Republic of Belau, Republic of the Marshall Islands, Guam and Hawaii. Excluding the latter two entities, the area is larger than the continental United States. The climate is tropical. The median age in Micronesia is 17.1 years, and life expectancy may average as low as 45-55 years.

More than 1,244,000 people inhabit hundreds of widely-separated islands, come from different ethnic origins, speak nine different major native languages, and may inhabit remote islands accessible only by boat. The rich diversity of these people has been increased by the occupation or governance by Spaniards, Germans, Japanese, and lately, Americans.

In a very short time, people from these areas have moved from a subsistence culture to a monetary economy. Urbanization, changes in the extended family, recognition of the need for formal education, and the desirability of material goods have influenced social priorities for Pacific Islanders.

Related to physical disability and its rehabilitation are several diseases endemic to portions of the population. Poor sanitary conditions are largely responsible for a variety of endemic microbial, viral and parasitic conditions among island residents. Polio, for example, swept the Marshall Islands in 1963 and left 212 islanders with mild to severe physical impairments. In Majuro, the capitol, the Rehabilitation Center was established to address the special concerns of these islanders, many of whom continue to receive supportive physical treatment.

Leprosy is another endemic disease which was introduced to Pohnpei in the Federated States of Micronesia in the early 1900's. By 1983, the cumulative case prevalence rates had reached epidemic levels at 218 per 1000 people. Many of leprosy patients in Micronesia have the tuberculoid type, which is less likely to cause handicapping deficits. If left untreated or improperly treated, leprosy can result in serious disabilities such as loss of sensation over the extremities, motor paralysis, degeneration of muscle, cutaneous ulcers, joint contracture, and visual loss.

Among the Pingelapese is a very rare congenital disorder, achromatopsia, which causes total color blindness, weak visual acuity, nystagmus, myopia, and an aversion to bright lights. The cause of the elevated prevalence is believed to be the high rate of ancestral consanguinity after a typhoon two centuries ago reduced their population to as few as twenty persons. In 1971, six percent of the Pingelapese were afflicted with achromatopsia, giving rise to an incidence of the carrier state of thirty-seven percent. In contrast, in the general population, only one out of 30,000 people have the disease and about one percent are carriers.

Otitis media is a major public health problem in Micronesia. It includes any inflammatory condition of the middle ear caused by a variety of pathogens. Both the acute and chronic forms of otitis media are common. It has had a detrimental influence on the development of Pacific Island children. Its prevention and treatment have frustrated many health providers as the disease appears to be clearly related to suboptimal living conditions, poor nutrition, and a generalized lower resistance to infectious disease.

Three important facts have led to high interest in otitis media in the Pacific Basin: 1) the extremely high prevalence and incidence of the disease in both acute and chronic forms; 2) the probable effect the disease has on the development of Pacific Island children, and 3) the importance of otitis media as an indicator of how successfully the health system is functioning in its prevention, monitoring and care provision roles.

Diabetes mellitus may be viewed as a recent newcomer to Pacific Islanders. Many researchers suspect that diabetes rarely occurred in the Pacific Basin prior to 1940. Similar emergence of diabetes has been observed among North American Indian tribes and the natives of Australia during the same period. The prevalence of diabetes in the Pacific has distinctive ethnic patterns. While diabetes appears to be rare among the Melanesians even when Westernized, it is common among urbanized Polynesian and Micronesian populations. Diabetes is rare,

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Left to right: Gary A. Okamoto, M.D., and Saburu Izutsu, Ph.D., Co-Directors of the Rehabilitation Research and Training Program, testified recently before a U.S. House of Representatives Subcommittee concerning the reauthorization of the Rehabilitation Act of 1973. Also testifying (right) was Dean of the University of Hawaii John A. Burns School of Medicine, Dr. Terrence A. Rogers.

At a farewell reception for Dr. Gary Okamoto, right, upon his departure from McDonald Memorial Hospital in Belau, he was joined by (left to right, to his left) Masao Kumangai, Medical Officer, Director of Health Services, Francisca Yalap Soaladaob, M.D., RR&T Advisory Committee Member and Physician and Surgeon at McDonald Memorial Hospital, and Minoru Ueki, Medical Officer, Minister of Education and Social Services.

Rehabilitation Issues

Continued from Page 2

however, in Polynesian and Micronesian populations who have maintained their traditional lifestyle. It is believed that both environmental and genetic factors are involved in determining the incidence of diabetes in Pacific areas.

The effects of diabetes mellitus have been devastating. Death rates for Chamorro Guamanians over the age of 45 are twice as high as those in the Mainland United States population. Over the past decade, diabetes has been the underlying cause for amputation for as many as four-fifths of all patients undergoing lower limb amputations at the Guam Memorial Hospital. Infective gangrene is considered prevalent among the many island groups across the Pacific Basin.

Similarly, the incidence of accidents has been linked to urbanization or Westernization and ranks among the top five leading causes of death and disability. On Guam, for example, the average annual accident related mortality rate has been as high as forty percent more than the United States' rate. In American Samoa, accidents are close behind heart disease as a cause of death and are the leading reason for hospitalization.

Most of the Pacific areas, with the exception of Hawaii and Guam, have inadequate numbers of well-trained medical personnel. Only three of the areas have physical therapists (American Samoa, Majuro and Saipan), and there are no occupational therapists. Hospitals and/or clinics are staffed by physicians (who are often expatriates working on two-year government contracts), medical officers who were trained at the Fiji School of Medicine, a few registered nurses and various aides. Many of the medical officers are now in administrative positions, and the Fiji school is no longer training medical officers, so they are not being replaced.

Rapid societal changes have created a dilemma for the leaders of many Pacific Basin entities. The medical and social rehabilitation of disabled people will be continually challenged by other important areas of need.

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Rehabilitation Technician Training

By Dennis M. O'Donnell, O.T.R.
Program Manager

For many of the Pacific Basin jurisdictions, there is almost a complete lack of physical and occupational therapy services despite the fact that each jurisdiction has a sufficient population of temporarily or permanently disabled persons to justify providing such services.

Of the seven Pacific Basin jurisdictions, two, Saipan and the Marshall Islands, presently have American-trained registered physical therapists (RPT's). Two sites, Pohnpei and Belau, have two nurses who were trained in 1974 in rehabilitation at the Rehabilitation Center in Majuro, Marshall Islands, and the Rehabilitation Hospital of the Pacific. They are serving as part-time PT technicians. The remaining districts of Yap, Truk, and Kosrae have no therapy facilities or personnel.

Since 1974, there has been no additional training for these districts in the area of occupational therapy and physical therapy skills and, with the exception of the Marshall Islands, Saipan and Guam, the delivery of needed therapy by trained personnel is scarce. By necessity, the Micronesians have fabricated devices ranging from canes to prosthetic legs. They are now looking for more formalized training to upgrade and extend their ability to provide therapy services.

A fourteen week program in rehabilitation techniques was begun through the Rehabilitation Research and Training Program. The training was divided into four phases with the first phase beginning in early March 1985.

Left to right, Francisca Yalap-Soaladaob, M.D., RR&T Advisory Committee Member, Francis Kiep, Rehabilitation Technician who was trained at REHAB Honolulu; and Lillian Nakayama, Director of the Geriatric Programs Office in Belau, which utilizes the services of the Rehabilitation Technician and supplies funds for some of the equipment there.

Phase I training consisted of six weeks of didactic and clinical training in basic rehabilitation techniques covering range of motion, strengthening, self-care, mobility, and adaptive devices. This phase was taught concurrently on Majuro by Ethel Coeling, R.P.T., and on Koror by Dennis O'Donnell, O.T.R.

Phase II training consisted of two weeks of follow-up at each of the trainees' home islands. During this period, RR&T staff

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Rehabilitation Technicians trained at REHAB under the Research and Training Program included (left to right) Jeadrik Heddleston, Kun Isaac, Francis Kiep and Samuel Ridle. Upon completion of their training, they began providing services to their home islands of Belau, Pohnpei, Majuro and Ebeye.

Home Care Training

By Sheila M. Kelly
Assistant Program Manager

The Rehabilitation Research and Training Program is sponsoring two projects to train home care workers. One provided for the training of paraprofessionals in Hawaii and the other is providing home care skills to the public health nurses of American Samoa and Micronesia.

The Home Health Paraprofessional Training Project (HHPTP) for Hawaii was a collaborative effort of the Kuakini Gerontology Center, Kapiolani Community College, and the Rehabilitation Research and Training Program. Funds were also provided to the project by the Department of Health and Human Services, Health Resources and Services Administration.

The Kuakini Gerontology Center established a twenty-four member Home Health Paraprofessional Training Project Task Force to provide guidance for this program. The task force, made up of representatives from state, county and private agencies, approved the curriculum for the course, developed plans for the student field practicum, and is formulating recommendations for the standardization and certification of home health paraprofessionals in the State of Hawaii.

The curriculum for Hawaii developed by Kapiolani Community College is based on the publication, *A Model Curriculum and Teaching Guide for the Instruction of the Homemaker Home Health Aide*, from the U.S. Department of Health and Human Services. The curriculum consists of 120 hours instruction with didactic, laboratory, clinical and field experience. The course is designed to prepare personal care attendants to give basic personal care and hygiene to the ill, elderly and disabled in the home environment. Graduates of the Hawaii-based course received a certificate of attendance and four credits from the University of Hawaii-Kapiolani Community College.

Kapiolani Community College worked in close cooperation with the community colleges in each of the Neighbor Island counties to implement the training program.

The program staff also worked closely with the Area Agencies on Aging, which assisted in the dissemination of program information on the Neighbor Islands. The program assisted graduates with exploration and location of job opportunities, preferably in settings with the highest needs for home health care workers.

A curriculum, based on the one developed by Kapiolani Community College, was developed to meet the training needs in other areas of the Pacific. A Micronesian nurse was contracted to develop the curriculum for the training, which was implemented in the Federated States of Micronesia in June of 1985.

A total of 25 nurses attended the training on a fulltime basis, including seven public health nurses, nine nurse coordinators of Geriatric Home Health Care services, two clinical nurses, one nurse working in special education and four health assistants from the outer islands.

Initial training was held in Pohnpei and then two Micronesian instructors conducted the program in each FSM state.

The Home Care Conference was held in June 1985 in Pohnpei and was attended by the trainees, Research and Training Center staff, additional nurses from Home Health Services, representatives from Catholic Social Services in Guam, Public Health Services from the Marshalls and Saipan, Center for Independent Living from American Samoa, and the Home Health Services of the Geriatric Program in Belau. All conference participants received copies of the training curriculum.

While in Belau, Gary Okamoto, M.D., Co-Director of the Rehabilitation Research and Training Center and Medical Director of Rehabilitation Hospital of the Pacific, assisted Francis Kiep, Rehabilitation Technician at McDonald Memorial Hospital, with a patient. Kiep was trained by RR & T at REHAB in Honolulu.

Vocational Assessment: The Challenge of The New Pacific

By Richard A. Bielecki, M.Ed., CRC
Clinical Coordinator
Vocational Evaluation Services
and
By Clair Jones, M.S., CRC
Program Manager
Injured Workers' Center

Vocational evaluation is a cost-effective method of assisting the disabled client secure employment (Rosenberg, 1982). Through the use of testing instruments and work samples, a client's current skills and potential capabilities in relation to competitive employment standards can be assessed.

How valuable, however, are assessment techniques for Pacific Islanders when normative testing data are based on mid-Western American Caucasian Males? How useful is a client's occupational interest profile in an area where only twenty-five percent of the males over the age of 15 are being paid for their work (Sanchez, 1977)?

The purpose of this article is to describe the inherent difficulties in developing appropriate vocational assessment for Pacific Basin Islanders. Assessment methods should consider the geographic isolation, a changing political climate, varied island culture, a limited labor market, scarce medical resources, and sporadically available transportation. These factors challenge the traditional process of vocational rehabilitation.

The main economic force throughout the Pacific Basin is public employment. A full 72.6% of all earnings in the Trust Territory is derived from government jobs. In American Samoa, 33% of the total work force is employed by the government, while 45% of Guam's employed population work in the public sector (Carter, 1984). Subsistence self-employment is also prevalent in agriculture and fishing, except in American Samoa where the fishing industry is the largest private sector employer. At the present time, tourism is vital to Saipan and Guam, but plays a less critical role in other areas of the Pacific.

Current estimates of unemployment throughout the Pacific Basin suggest that nearly two-thirds of the potential work force is neither employed nor seeking work. In the Trust Territory, it is not unusual to discover that the unemployed relatives of an extended family are being supported by one employed person. This is reflected in the per capita incomes of the Trust Territory, where the Northern Mariana Islands have a per capita income of $2,713; Belau, $1,103; Pohnpei, $839; Truk, $600 (Territorial Comprehensive Health Plan, 1980).

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Communications in the Pacific

By Joyce M. Varney, M.S.
Program Manager

Obvious communication problems exist among the thinly-populated areas of the expansive Pacific Basin. Satellite and computer technology can be applied effectively to reduce geographic barriers that separate providers of health and human services.

An important goal of the RR&T Program is the utilization of advanced information technology to promote communication and cooperation among service providers in medical and vocational rehabilitation and special education. A secondary goal is to facilitate the collection and exchange of clinical data for more effective services management and the conduct of research.

Improvement of the telecommunication system using the ATS-1 satellite necessitated close coordination and cooperation with persons and organizations already working with the system. Input was also needed from individuals who had knowledge and expertise regarding the equipment already in place in the Pacific Micronet System. Persons from the University of Guam and University of Hawaii (PEACESAT) had the experience and expertise; the RR&T Program provided the equipment; and the Western Regional Resource Center of the University of Oregon funded Micronet and computer training for operators and station managers.

Nine existing satellite stations were upgraded and four new stations established by the Hawaii Rehabilitation Research and Training Program. Three of the new stations are situated in hospitals (Guam Memorial Hospital, L.B.J. Tropical Medical Center in American Samoa, and the Rehabilitation Hospital of the Pacific), which should improve communication needed for medical referrals.

Activities supported by the satellite network (Micronet) are:

- information dissemination
- networking on common problems and planning activities
- coordination of staff development
- facilitating emergency medical consultations
- simultaneous, multi-site training.

In addition, computers, printers, and modems have been provided for eleven of the Micronet stations. Computer linkages will facilitate the flow of information and stimulate communications among the fields of rehabilitation medicine, vocational rehabilitation and special education in the following areas:

- capability of sending hard-copy messages, documents
- development of a common client data base
- collection and storage of client data
- client-patient tracking
- directory of resources (persons or agencies)
- data retrieval and analysis for reporting or research.

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Challenge Of The New Pacific

Continued from Page 4

Successful placement is a major vocational goal. In the Pacific, resources may be limited. For example, there are only two rehabilitation workshops in the entire area. The workshops, on American Samoa and Guam, have vocational evaluation units with assessment equipment. There are few trained vocational evaluators.

The longer an individual with a disability lacks a rehabilitation plan, the more physical, emotional, and medical problems are likely to arise. Despite the reliance on testing in the vocational rehabilitation process, providers of services in the Pacific Basin do not have the benefit of specific normative standards for islanders. Pape, Walker, and Quinn (1983) criticize vocational evaluation as being biased against the "Hawaiian, Tongan, Samoan, and Guamanian". The General Aptitude Test Battery (GATB), for example, is widely used but is based on the normative values of mid-Western workers. Thus, vocational planning may be complicated and delayed by culturally-biased assessment methods.

Because there are significant problems in the adaptation of Western rehabilitation assessments to special populations in the Pacific Basin, four attainable objectives for further research have been identified:

- A vocational profile for each jurisdiction needs development.
- Individualized vocational assessment protocol needs designing and implementation.
- Normative data on vocational assessment instruments need to be established.
- Research findings need to suggest relevant educational programs for professionals in vocational rehabilitation, special education, and rehabilitative medicine.

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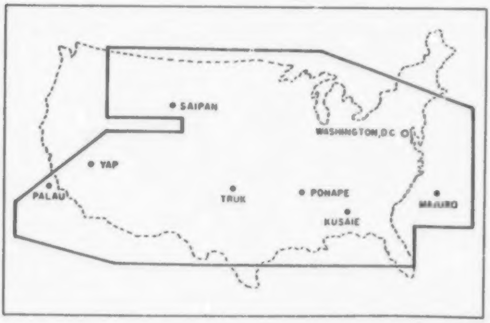

Distance comparison between Mainland USA and the former Trust Territories of the Pacific/Commonwealth of the Northern Marianas.

Rehabilitation Technician Training

Continued from Page 3

assisted the students with applying what they learned in their clinics, provided hospital-wide inservice training on the roles and functions of the rehabilitation technicians and identified further individual training needs.

Phase III consisted of four weeks of training at the Rehabilitation Hospital of the Pacific and Shriners Hospital for Crippled Children. This period served to expose the students to a broad array of patients, provided time for training in specialty areas required within their own jurisdiction, and demonstrated the team management concept.

Phase IV consisted of a second two-week follow-up at the home island of each trainee to assist the students in further developing their programs and to begin their participation in training other professionals in rehabilitation skills. Inservice training to health care providers is planned to educate professionals about the cultures of Micronesian islands, the present state of health and human services in the western Pacific, and the availability of rehabilitation services in these areas. This type of information should improve treatment and goal setting for disabled Micronesians.

JOURNAL

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THE REHAB JOURNAL is an official publication of the Rehabilitation Hospital of the Pacific. It is published quarterly to offer medical information about the diagnostic areas of REHAB's programs. Persons interested in obtaining additional information about REHAB may do so by calling Michael Levin at 531-3511, ext. 318.

Consortium for
Citizens with
Developmental
Disabilities

Task Force on Employment
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Statement

Respectfully Submitted

to the

Senate Subcommittee

on the

Handicapped

on behalf of

American Association of University Affiliated Programs
American Association on Mental Deficiency
Association for Children and Adults with Learning Disabilities
Association for Retarded Citizens/U.S.
Council for Exceptional Children
Epilepsy Foundation of America
Goodwill Industries of America
International Association of Psycho-Social Rehabilitation Services
Mental Health Law Project
National Alliance for the Mentally Ill
National Association of Developmental Disabilities Councils
National Association of Private Residential Facilities for the Mentally Retarded
National Association of Private Schools for Exceptional Children
National Association of Protection and Advocacy Systems
National Association of State Mental Health Program Directors
National Association of State Mental Retardation Program Directors
National Head Injury Foundation
National Mental Health Association
National Society for Children and Adults with Autism
The Association for Persons with Severe Handicaps
United Cerebral Palsy Association

The Consortium for Citizens with Developmental Disabilities (CCDD) is a working coalition comprised of consumer, provider, and professional organizations which advocate on behalf of people with developmental disabilities. CCDD has been in existence since 1973 and has grown steadily over the years; it now has over fifty national organizations in its membersihp.

The CCDD Task Force on Employment and Training has reviewed the Vocational Rehabilitation Program and has a series of recommendations to improve the program's effectiveness in serving people with severe disabilities. It should be noted that many of our organizations represent people with disabilities of all severities, from mild to severe as well as multiple handicaps. Thus the changes we are proposing on behalf of those with more severe disabilities are an acknowledgement that the time has come for the Vocational Rehabilitation Program to put real meaning into the implementation of the priority for people with severe disabilities currently in the Act.

Events of the last decade have made significant advances in society's willingness to employ people with mild handicaps. Vocational Rehabilitation has played a significant role in educating employers, in preparing people for jobs and matching them for positions in the private sector. However, despite this progress for some, there remains a large group of those with multiple and severe disabilities who have not benefitted from these services and who often are found ineligible for services, despite their potential for employment. Thus, the theme of the recommendations of the CCDD Employment and Training Task Force is that people with severe disabilities should benefit from a program which has proved successful for those less severely impaired in order to truly implement the current priority for people with severe disabilities. Jobs, along with other community services, are the best prevention to reduce reliance on costly income maintenance programs which encourage dependence.

There are two key issues which set the context for the recommendations being made by CCDD. First, many people with truly severe disabilities have not been found eligible for vocational rehabilitation services or been appropriately served when eligible, despite the mandate for priority attention to this population. Second, most individuals with severe handicaps are rarely given the support and training they need to be employed in more integrated and normalized settings, where real income can be earned. Therefore, we place great importance on the development of supported employment options for people with severe disabilities. Most of our recommendations are related to these key concepts.

SEVERE DISABILITIES

The CCDD recommends strengthening the focus of the Vocational Rehabilitation Program on people with severe disabilities by revising the definition to make it possible to distinguish clearly between people with disabilities in general and people with several disabilities, specifically. At present, the definition is so broad that almost anyone with a disability could be considered "severe," thus rendering the distinction between "disabled" and "severely disabled" meaningless. In current practice, there is an emphasis on diagnostic categories of disability for determining eligibility (i.e., blindness, deafness, mental retardation, mental illness, etc.). The fact is that each diagnostic category describes individuals whose disabilities are on a continuum from mild to severe. We are recommending the incorporation of the current regulatory definition, modified to emphasize two or more functional limitations an individual must have with respect to employability. The list of such functional limitations should also include interpersonal skills. This seems to us to more adequately reflect an individual's capability to benefit from rehabilitation services and permits the counselor to identify specific services which remedy those limitations.

EMPLOYABILITY

Closely related to the definition of "severe disability" is tne concept of "employability." An individual is found eligible to receive vocational rehabilitation services only if he is considered to be "employable," yet the term is not defined in the statute. Thus an individual's employability can be evaluated on many extraneous factors, such as employer discrimination against certain types of disabilities, lack of job development activities, lack of needed training services, etc. While these circumstances are, in fact, barriers to placement, they should not be barriers to finding an individual eligible to receive services. Eligibility determination needs to be based on an objective assessment of an individual's capability to benefit from services which will increase his or her productivity and independence. Without a clear definition of this term, many individuals with severe disabilities will continue to be found ineligible for vocational services, based not on individual potential but on environmental barriers to ultimate placement of that individual. The CCDD recommends a definition for this term which would clarify that a person's "employability" is linked to the individual's capability to benefit from services which increase productivity and independence and lead to an employment outcome.

SUPPORTED EMPLOYMENT

Historically, many people with severe disabilities were excluded from state rehabilitation services primarily because there was no reasonable job expectation for them. Many of those given rehabilitation services were placed in sheltered workshops and work activity centers which, at the time, were the state of the art, even for persons with mildly and moderately disabling conditions. While these vocationally related services still play a meaningful role in the service network, modern technology, recent research findings, and educational advances due to ten years' experience with PL 94-142 have yielded a clearer understanding of the capabilities of people with more severe disabilities and have greatly expanded and improved the state of the art.

For several years, professionals have successfully trained people with severe disabilities for competitive job placements through intensive training and long-term support, providing opportunities to earn salaries and pay their own way, either in full or in part, in many cases for the first time in their lives.

Despite the successes of supported employment, many state vocational rehabilitation systems continue to be fearful that their agencies may have to carry the cost of more expensive, long-term services necessary for sustained, successful placement. Because of the frequent need for continued, on-going services, agencies also question how a supported work placement would fit into their system of closures.

States which have entered collaborative arrangements with other state agencies have conquered both of these barriers. The Subcommittee heard testimony from professionals providing supported employment services from the States of Vermont and Washington, clearly outlining successes with the vocational rehabilitation system. The Subcommittee should also look to such States as Oregon and Virginia for other success stories. These are no longer uncharted waters. For example, in its testimony before this Subcommittee, the National Association of Rehabilitation Facilities reported that a recent survey demonstrated that two-thirds, approximately 120, of its facilities were currently operating one or more supported employment programs. The CCDD feels strongly that it is time to make training for supported employment part of the state rehabilitation system and it is time for the states to catch up with the thirteen-year-old mandate from the U.S. Congress to provide job training for people with truly severe disabilities. Therefore, the CCDD recommends that the Act incorporate the definition of supported employment similar to that used in Office of Special Education and Rehabilitative Services' guidelines for demonstration projects and that the term "supported employment" be referenced in appropriate places in the Act; including (1) in the definition of evaluation of services, to assure that supported employment would be among the employment options considered when a person is evaluated for rehabilitation services; (2)in the Individualized Written Rehabilitation Program (IWRP) section related to the setting of rehabilitation goals; (3) in the determination of eligibility section, to be considered before an individual is found ineligible based on unemployability; (4) in the section related to scope of rehabilitation services, to ensure that training for supported employment and traditional short-term post-employment services are among the services available under the state grant program; (5) in the periodic evaluation to ensure that supported employment is considered as a potential placement during the periodic evaluation currently required for individuals placed in sheltered workshops; (6) in the training section, to ensure that rehabilitation personnel are familiar with supported employment concepts; and (7) in research projects, especially Section 311 demonstration projects, to ensure that supported employment is studied and improved as new developments become apparent in the field; and (8) in Title III for continued Demonstration Projects to develop innovative and experimental approaches and to refine the supported employment model which would pay for part or, in limited instances, all of the costs associated with such demonstrations.

NEEDS ASSESSMENT

In order to serve individuals with severe handicaps effectively, states must have more information than is currently available. Data on the numbers of individuals, their disabilities and their vocational rehabilitation needs will be required to enable adequate planning for services. It is also important to determine what services are currently available for persons with severe disabilities. Such information is now scanty; a needs assessment specifically focused on this group must be required. Additionally, Congress should require that the data from state needs assessments be reported to Congress and the Rehabilitation Services Administration (RSA) in order to monitor the way states design their vocational services for people with severe disabilities.

ELIGIBILITY/INDIVIDUALIZED WRITTEN REHABILITATION PROGRAMS/APPEALS

A major weakness in the current Act is the catch-all section on the Individualized Written Rehabilitation Program. Within this section now are three major and very distinct components: the development of an IWRP, the determination of eligibility and an appeals process protecting the rights of applicants and consumers of the vocational rehabilitation system. The CCDD recommends that the current section be replaced with three separate sections: IWRP, Determination of Eligibility and Appeals Process.

Determination of Eligibility

Existing provisions of the Act pertaining to eligibility should be expanded and strengthened. A separate section on Determination of Eligibility should include statutory language ensuring that each individual who applies for services will be scheduled for an initial in-take interview within 45 days and that a written finding of preliminary eligibility, eligibility or ineligibility be provided the individual.

The written certification of ineligibility must specify the reasons for the finding of ineligibility, disclose the procedure available to the individual to appeal the determination and refer the individual to other public and private agencies, including provider and advocacy oranizations, which provide services to individuals with similar disabilities.

These changes would ensure that individuals initially found ineligible will receive sufficient information to pursue an appeal as well as other information regarding services which may be available to assist them in the community.

In addition, states should also be required to collect and report data by disability, severity and other demographic characteristics regarding individuals who are found ineligible for rehabilitation services. In addition, RSA should be required to include this information in its annual report to Congress.

Individualized Written Rehabilitation Programs

Within the IWRP section, changes are needed to ensure that an individual with a severe disability receives appropriate services. An IWRP must be designed and implemented to take into account the person's functional limitations. Thus, the CCDD recommends modifying the IWRP process to require that it be based on a functional assessment of each individual and to include an evaluation of the individual's need for post-employment services at various times during the process. This latter assessment is particularly important just prior to case closure. Further, recommended changes in the IWRP would focus successful closure on the relationship among the IWRP, the services provided and the outcome in terms of vocational capabilities.

Procedures for Review and the Protection of Rights

The process for reviewing the denial of eligibility and services to be provided under the IWRP needs to be revised. The Act contains several appeals processes, but no procedural standards. A survey of Client Assistant Programs (CAP) reveals that the administrative review has provided little opportunity for a dissatisfied individual to bring a problem to a counselor's supervisor. Currently, each state may design its own appeals process. Many lack basic procedural safeguards such as notice, right to cross-examine witnesses, or even timetables for rendering decisions. In 1984 Congress removed "beyond a reasonable doubt" as the burden of proof in these proceedings but offered no substitute. A standard of "clear and convincing evidence" should be established as the fair standard for either side. The current system leaves all final decisions in the hands of the agency director. A subsequent appeal must be settled by the Secretary of Education. This system must be changed to ensure impartiality and conflict-free hearings.

In order for individuals receiving services and those applying for services to gain access to procedures for review, qualified and comprehensive representation must be available. Strengthening and expanding the Client Assistance Program, established nationwide in 1984, will assure the provision of professional advocacy services. Improvements would include (1) requiring "good cause" before a governor could change a CAP designation; (2) requiring that changes occurring in the future ensure CAP agency independence from service provision; (3) clarifying what issues the CAP may address on behalf of a client; (4) providing a mechanism to increase the minimum allotments; and (5) allowing payments of grants directly to the designated CAP agency.

For persons who are truly ineligible for vocational rehabilitation services due to their lack of employment potential and who therefore must depend on other service systems for their needs, advocacy services must be made available. Title VII, Section 731, remains in the Act as a potential Protection and Advocacy (P&A) System for persons with severe disabilities. The language in this section should be revised to parallel the existing P&A system for persons with developmental disabilities and mental illness and receive funding in 1987.

CASE CLOSURE

The issue of case closure has long been a problem with the Vocational Rehabilitation Program because the number of closures is the measuring stick by which a rehabilitation counselor's success is evaluated. This provides a systemic incentive for "closing cases" rather than "rehabilitating individuals." Therefore, the CCDD recommends providing a definition of closure - one does not currently exist in the statute - which finds an individual to be rehabilitated when a successful rehabilitation outcome has been achieved resulting in a wide range of full-time and part-time employment options, including supported employment.

PUBLIC PARTICIPATION

There is currently no requirement for broad-based citizen participation in the development of the Vocational Rehabilitation State Plan. Open, public processes have been very successful in other programs in identifying gaps in services and community needs and providing opportunities for tax-payer monitoring of the expenditure of public funds. Such a public process should seek the input of disability organizations, public agencies, providers (including rehabilitation facilities) and others, including the Developmental Disabilities Council, before a final plan is submitted to the Rehabilitation Services Administration. The process provides invaluable information to program managers and operators and state leaders in meeting the needs of its citizens. It is essential that the Vocational Rehabilitation Program have this critical tie to its potential clients at the planning stage. The CCDD therefore recommends that the Vocational Rehabilitation Act require that the state agency provide a variety of opportunities for public participation, such as placing notice of the availability of the draft of the Vocational Rehabilitation State Plan in the state public register, conducting public forums and hearings, and publicizing the draft plan's major elements in newsletters of consumer organizations in order to receive wide citizen input in a timely manner, permitting the state to take citizen views into account before the plan is in final form. The state agency should also be required to respond to comments and to address the relationship of their decisions to those comments.

ORDER OF SELECTION

According to testimony presented to the Senate Subcommittee on the Handicapped on March 20, 1986, only one in every twenty people eligible for rehabilitation services is being served by the Vocational Rehabilitation Program. Therefore, it is critical that those waiting for services be treated in an equitable and predictable way. The Act now requires states to develop an order of selection when a state anticipates that it cannot serve all those eligible for service.

A priority must be given to serve those with the most severe disabilities. At the present time, only 23 states indicate that they have an order of selection. These state plans currently show only that an order of selection exists; they do not specify that order or describe it with justifications for their decisions. CCDD recommends that all states be required to indicate an order of selection, whether or not it is anticipated that there will be insufficient funds to serve all those eligible, since good planning dictates preparing for that eventuality. In addition, states should be required to justify their decisions and make the order of selection part of the public record. The planned order of selection should be included in the draft state plan which is disseminated to the public for review and comment. Also, current regulations require that the state plan delineate "groups of handicapped individuals" with the most severe handicaps and "other groups" in order of priority. This terminology, which encourages the use of categorical disabilities, is inconsistent with the Act because it focuses on diagnostic categories rather than service needs. The needs assessment referred to above should be used in determining the order of selection.

SERVICES TO PERSONS WITH MENTAL ILLNESS

There are serious problems with the appropriateness and adequacy of many of the services currently provided to people with chronic mental illness under the vocational rehabilitation system. State agencies tend to continue to use traditional rehabilitation approaches to this population, even though recent research indicates that such approaches are not effective. States should be encouraged to use the services provided by agencies engaging in psychosocial rehabilitation for individuals with chronic mental illness by amending the definition of "facility" in the law to reference these agencies. Such programs, of which there are more than 1,000 across the country, could provide significant vocational rehabilitation services in an appropriate environment and, most important, could link vocational rehabilitation services with other supportive mental health services, which will greatly increase the success rate of the vocational rehabilitation services.

TRAINING

A major barrier to service for thousands of people with severe disabilities is a lack of understanding by rehabilitation counselors about disabilities and about effective rehabilitation techniques which could meet their needs. Many individuals with severe handicaps are being denied services each year because some vocational rehabilitation counselors have had insufficient information and training to evaluate such individuals' potential for employment. To alleviate this problem, a significant initiative to retrain vocational rehabilitation counselors is needed. Specialized counselors who can work with certain populations of individuals with severe disabilities also increases the success rates for hard-to-serve populations. Additionally, pre-service training is needed for individuals who will be serving this population in the future. Rehabilitation personnel at all levels can benefit from such training. Administrators and managers could profit from information on service system design and program planning and evaluation. Personnel at the service delivery level can improve practice through a better understanding of the dynamics of disability, treatment, planning, service provision, evaluation and job development, placement and follow-up. Such exposure to new ideas, knowledge, skills and attitudes is critically needed if people with severe disabilities are to be adequately served in the rehabilitation program.

REHABILITATION ENGINEERING

CCDD believes that rehabilitation engineering holds great promise for a more independent future for persons with severe disabilities. Such application of technology has proved to be a cost-effective approach to improving the productivity of persons with disabilities who are employed in sheltered, supported or competitive work environments. Rehabilitation engineering can dramatically improve the employment potential of persons with severe disabilities and enable greater numbers to live with dignity and independence. With this goal in mind, CCDD recommends the following issues be addressed in statute: (1) that the provision of rehabilitation enginering services be included in the evaluation of an individual's rehabiliatiaon potential; (2) that the IWRP process include an evaluation of an individual's rehabilitation engineering needs; (3) that the scope of rehabilitation services include rehabilitation engineering services; (4) that the state plan be required to describe how rehabilitation engineering services will be provided; (5) that Rehabilitation Engineering Centers demonstrate innovative models for delivering cost-effective rehabilitation engineering services.

AUTHORIZATION LEVELS

There has been a steady erosion of the purchasing power of the rehabilitation dollar since 1980. Coupled with the increased cost of serving persons with more severe disabilities, the current Vocational Rehabilitation State Grant appropriation permits even fewer individuals to obtain rehabilitation services than could be served in 1979. This is not progress. Too many citizens with disabilities are being maintained unnecessarily on costly federal progams such as Supplemental Security Income. This is unwise federal policy. Worse, it is a waste of person power.

The CCDD strongly urges the Subcommittee to authorize the Vocational Rehabilitation State Grant program at a level of at least $1,379,200,000 for FY 1987. Such an authorization level would begin to restore the lost purchasing power of the program and allow for many additional persons with disabilities to be served. We also recommend "such sums" be authorized for other programs within the Act. Given the unknowns of Gramm-Rudman-Hollings, "such sums" may prove to be a better strategy in the long and short run to maintain and expand necessary services through the Act to citizens with disabilities.

We further recommend a reauthorization period of five years to enable the changes proposed in this testimony to be integrated into the program, to permit time to adjust to and implement the new provisions and to allow for systematic study of the impact of these changes.

REALLOCATION OF STATE ALLOTMENTS

The Vocational Rehabilitation Act currently permits the re-allocation of unspent state formula grant funds to those states which have eligible individuals waiting to be served. Re-allocation, however, does not occur in a timely manner, making it difficult for states to use the funds to best advantage.

Therefore, CCDD urges the Subcommittee to adopt a provision to Title I of the Rehabilitation Act requiring that the Rehabilitation Services Administration re-allocate any unspent Vocational Rehabilitation State Grant Funds to those states able to use them in a timely manner.

TRANSITION FROM SPECIAL EDUCATION

The CCDD endorses adoption of language which would require states to include in their State Rehabilitation Plan the policies and methods to be followed to assist in the transition from education to employment-related services. Transition planning is vital to the roughly 90,000 individuals with developmental disabilities nationwide who have benefitted from the Education for All Handicapped Children Act and who are now ready for and in need of assistance in a smooth transition from school to work. Without such continued services, it has been demonstrated that an individual's skills begin to deteriorate. Adequate employment opportunities must be made available through advanced preparation to reduce long-term demands on societal resources and to ensure that graduates of special education will continue to grow towards independence without losing ground once they leave school.

COMMISSIONER OF THE REHABILITATION SERVICES ADMINISTRATION

The CCDD suggests that the Subcommittee consider adding specific statutory qualifications for the RSA Commissioner which relate to agency functions - similar to those already included in the Act for the Director of the National Institute on Handicapped Research (i.e., the individual shall have substantial experience in rehabilitation and research administration).

NATIONAL COUNCIL ON THE HANDICAPPED

The CCDD has given considerable thought to ways in which the mandate and activities of the National Council on the Handicapped could be improved. Our first conclusion is that if the Council did perform its annual duuties as specified under Section 401 of the Act, it would be undertaking and fulfilling a full-time job. In the near future, we would like to see the Council devote some of its time to framing research policy recommendations; in particular, providing advice on research priorities of the National Institute on Handicapped Research, identifying and disseminating information on model programs of importance to the field of rehabilitation, and consulting more with consumers and providers of services to identify effective programs and the needs of individuals with disabilities.

We also strongly recommend the development of statutory language in the Act to include the National Council on the Handicapped as a member of the Interagency Coordinating Council authorized by Section 537.

TERMINOLOGY

In the interest of eliminating language which stereotypes persons with disabilities by their conditions rather than by focusing on them as individuals, the CCDD recommends changing language throughout the Act to reflect that individuals with disabilities are "people first." These changes are specified in attachments to this testimony. One term, in particular, deserves special mention: that is, the use of the term "individual with a severe disability" rather than "severely handicapped individual" or "individual who is disabled." The thrust of this recommendation is that people are not their disabilities; they are individuals who happen to have disabilities. Our emphasis on terminology is in recognition of the power our language has to form attitudes on the part of the public, professionals, policy makers, and, in fact, people with disabilities themselves. The disability movement must now remind the public that the essence of people with disabilities is not their disability but their personhood. Because so many barriers to employment are based on stereotypic attitudes, these changes can be helpful in the important task of educating the public.

CONCLUSION

As stated above, it has been estimated that only one out of every twenty eligible individuals with disabilities receives services under the Vocational Rehabilitation State Grant Program. It has also been well documented that people with disabilities constitute the largest proportion of unemployed persons in our country. Thousands upon thousands of persons with disabilities would dearly love to enter the work force to improve the quality of their lives, to maintain their self-respect and to contribute to our nation's economy; yet they are denied these opportunities simply for lack of vocational training. The Vocational Rehabilitation Program can and should provide those opportunities and should be given the resources to do so.

APPENDIX

SUGGESTED LEGISLATIVE LANGUAGE

DEFINITION OF "SEVERELY HANDICAPPED" (SEVERE DISABILITY)

PURPOSE: Current law specifies that people with severe disabilities are to be given priority for vocational rehabilitation services; however, the statutory definition is too broad to ensure that those given priority are truly those with the most severe disabilities. A stregthened definition is needed to ensure that the intent of the statute is implemented by the states.

SPECIFIC CHANGES: The definition found in regulation for the vocational rehabilitation program (CFR Vol. 46, No. 12 of January 19, 1981) should be inserted in statute with modifications which place emphasis on the severity and number of functional impairments an individual may have. The following underlined additions to the regulatory language should be inserted in the statute in Part II, Section 7, Number (13):
"Severely handicapped individual" means a person with a disability:
(1) who has a severe physical or mental disability which seriously limits two or more functional capacities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills, in terms of employability; and
(2) whose vocational rehabilitation can be expected to require multiple vocational rehabilitation and other services over an extended period of time; and
(3) who has one or more physical or mental disabilities resulting from amputation, autism, arthritis, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, specific learning disability, spina bifida, Tourette Syndrome and end-stage renal disease or another disability or combination of disabilities determined on the basis of an evaluation of rehabilitation potential to cause comparable substantial functional limitation." Report language should emphasize that an individual must meet all three requirements, since an individual may meet the diagnostic categories without meeting the functional and service need criteria.

CURRENT LAW: The current statutory definition of "severe handicap" is:
(13) The term "severe handicap" means a disability which requires multiple services over an extended period of time and results from amputation, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, neurological disorders (including stroke and epilepsy,) paraplegia, quadriplegia and other spinal cord conditions, renal failure, respiratory or pulmonary dysfunction, and any other disablity specified by the Secretary in regulations he shall prescribe.

JUSTIFICATION: The current statutory definition is too broad and encompasses many individuals who do not truly have "severe disablities." The proposed definition increases the number of functional capacities to be considered but also increases from one to two the number of functional capacities a person must meet to qualify for priority services. This change will ensure that only those individuals with severe disabilities will qualify for services to be targeted to this population. This definition would not preclude people with less severe disabilities from being eligible under the regular rehabilitation process.

DEFINITION OF "EMPLOYABILITY"

PURPOSE: Because the critical element in determining eligibility for vocational rehabilitation services is a finding of employability, employability must be clearly defined to ensure that persons, particularly persons with severe disabilities, are not denied services based on subjective judgments or inappropriate community attitudes.

SPECIFIC CHANGE: Insert in Section 7, a new (6) as follows: "Employability" means the capacity to benefit from services which will increase the productivity and independence of a person with a severe disability and which have as their intended outcomes academic and/or remedial training; employment preparation (including work adjustment); vocational training responsive to local conditions and leading to full-time or part-time supported employment; services to assist transition to sheltered employment, full-time or part-time supported employment settings or competitive employment, and other services leading to employment.

Re-number succeeding definitions beginning with (7) "Federal share."

CURRENT LAW: The current law contains no definition of this central concept of employability.

JUSTIFICATION: Without a clear definition of employability, many people with severe disabilities are found to be ineligible for vocational rehabilitation services since there is no standard by which to assess individual potential. Additionally, environmental circumstances, such as employer discrimination against certain types of disabilities, local economic conditions, and lack of job development activities, while they may be barriers to placement, should not be barriers to finding a person eligible for services. Report language is also suggested which will ensure that individuals are not found to be unemployable because of environmental situations which go beyond the assessment of the individual, such as: employer or industry attitudes, economic barriers or lack of services.

REFERENCES TO SUPPORTED EMPLOYMENT

PURPOSE: To place references to supported employment in appropriate sections of the Act.

SPECIFIC CHANGES: References to supported employument should be amended as follows:

Amend 7(5)(c) of the Evaluation Section to read: appraisal of the individuals' patterns of work behavior and ability to acquire occupational skill and to develop work attitudes, work habits, work tolerance, and social behavior patterns suitable for successful performance in supported or independent employment, including the...

Amend section 7, Definitions, by adding: (16) The term supported employment, as used in this part, means competitive work in integrated work settings for individuals with severe disabilities for whom competitive employment has not traditionally occurred, or for individuals for whom competitive employment has been interrupted or intermittent as a result of a severe disability and who, because of their disability need intensive, on-going support services to perform such work.

Amend 101(a)(16) of the State Plan section:..."individuals placed in extended employment in rehabilitation programs (including workshops) to determine the feasibility of their employment, in the competitive labor market or in supported employment and..."

Amend section 102(c)(2), Individualized Written Rehabilitation Program: "a decision that such an individual is not capable of achieving such a goal and thus is not eligible for vocational rehabilitation services provided with assistance under the part is made only (a) when potential to engage in supported employment is considered in full consultation with such individual...and only (b) upon the certification..."

Amend section 103(a) by adding: (12) "training leading to supported employment and post employment services."

Amend section 204(a), line 18, of the research language:..."meet the special needs of handicapped individuals; studies, analyses, and other activities related to supported employment."

Amend 204(b) of the research language:..."(14) conduct a program of research focusing on successful integration into paid employment and community living of persons with moderate, severe and profound levels of mental retardation and related disabilities."

Amend section 304(b), line 6, of Training:..."speech pathology and audiology, employment training specialists for supported employment and other specialized personnel for those individuals who meet the definition of severely handicapped...."

Amend section 311(a)(2) of Special Demonstration Projects:..."applying new types of patterns of services or devices for handicapped individuals, including supported employment and other programs for providing handicapped individuals..."

IWRP REQUIREMENTS TO IMPROVE SUCCESS RATES FOR PERSONS WITH SEVERE DISABILITIES

PURPOSE: To emphasize the individualized development of the IWRP and to improve the success rate for rehabilitation services provided to individuals with severe disabilities by requiring functional assessments and the development of service goals and objectives based on such assessments; by ensuring evaluation of the need for post-employment services both at the time the IWRP is initially developed and just prior to placement to prevent arbitrary limits on any one rehabilitation service; and to allow part-time employment or supported employment to be considered successful closures for persons with severe disabilities.

SPECIFIC CHANGE: Revise Section 102 (b) which describes the Individualized Written Rehabilitation Program to read as follows (new language underlined):

(b) Each individualized written rehabilitation program shall (1) be developed on the basis of a functional assessment of the individual; (2) include a statement of the long-range rehabilitation goals for the individual, based upon the individual's level of functioning as determined under subsection (1) of this part; (3) include a statement of the intermediate rehabilitation objectives related to the attainment of such goals, based upon the individual's level of functioning as determined under subsection (1) of this part; (4) include an assessment of the expected need for post-employment services; (5) include a statement of the specific vocational rehabilitation services to be provided and the projected dates for the initiation and the anticipated duration of each such service, except that no arbitrary limits shall be established for the duration or cost of any particular service element so that services are provided in an individualized manner; (6) include objective criteria and an evaluation procedure and schedule for determining whether such goals and objectives are being achieved; (7) provide for a reassessment of the need for post-employment services prior to case closure and, for severely handicapped individuals, the development of a statement detailing how such services shall be provided or arranged through cooperative agreements with other service providers; (8) ensure that an individual with a severe handicap will only be considered rehabilitated when he has been provided with substantial and appropriate services; (9) provide that a successful closure not be dependent upon specific hours of work, on earnings levels or on types of employment, but in determining a successful closure, the relationship between services provided and outcome be judged to be significant and vocational activity viewed in relation to the disabilities and capabilities of the individual; and (10) provide a detailed explanation of the availability of a client assistance project established in such area pursuant to section 112. Each individualized written rehabilitation program shall be revised as needed, but at least annually at which time such individual (or in appropriate cases, his parents or guardians) will be afforded an opportunity to review such program and jointly redevelop and agree to its terms.

CURRENT LAW: Current law does not clearly link the provision of services to the functional assessment of each individual.

JUSTIFICATION: Frequently services are provided based, not on the needs of the individual, but on arbitrtary limits of cost of service per person or a particular duration for services. Current law does not clearly link successful closure with the meeting of goals and objectives in the individual's IWRP. In order for the individualized written rehabilitation program to have meaning for the person who has a severe disability, services must be clearly linked to his or her functional capabilities and the need for post-employment services needs to be periodically reassessed and planned for.

PROCEDURES FOR REVIEW

PURPOSE: To amend the procedures for reviewing decisions regarding denial of eligibility and services to be provided under the Individualized Written Rehabilitation Program.

SPECIFIC CHANGES: Amend Section 104, Procedures for Review, as follows:
(a) Any person with a disability (and, in appropriate cases, his parent or guardian) who is not satisfied with any determination or decision by the designated state unit described in Sections 102 and 103 shall have the right to a review of that determination or decision.

(b) The Director of any designated state unit shall establish procedures for the reivew of determinations made by the rehabilitation counselor or coordinator with respect to either ineligibility or the development or implementation of the individualized written rehabilitation program upon the request of the individual with a disability (and, in appropriate cases, his parent or guardian.) Such procedures, at minimum, shall include the following safeguards:

(1) an initial administrative appeal before an impartial hearing officer;
(2) this shall be a de novo appeal from the decision of the counselor or coordinator;
(3) for this appeal the individual with a disability would possess the following rights:
    (a) the right to an independent evaluation at the expense of the state unit,
    (b) the right to examine before the hearing all the information in the state unit's files as well as any other documents the unit intends to introduce at the hearing,
    (c) the right to a hearing at a convenient time and place and with accomodations specifically necessary for the disability of the claimant,
    (d) the right to examine and cross-examine witnesses and to compel the testimony of witnesses,
    (e) the right to be represented by a skilled advocate or attorney and to be informed in advance of the hearing on the availability of Client Assistance Program services and other agencies providing low or no cost advocacy or legal services,
    (f) the rules of evidence applied in civil cases by the state unit's court system shall be followed, except that the hearing officer may allow evidence not admissable thereunder, where, in the officer's judgment application of the exclusionary rule would result in unnecessary hardship and the evidence offered is of a kind commonly relied upon by reasonably prudent persons in the conduct of their affairs,
    (g) the burden of proof rests with the state unit by clear and convincing evidence,
    (h) the right to a written decision within 60 days of the date of appeal which contains findings of fact and conclusions of law, and
    (i) the recording of the hearing by audio or stenographic means.

(c) Any individual with a disability (or, in appropriate cases, his parent or guardian) who is not satisfied with the decision of the hearing officer made under paragraph (1) shall have the right to bring a civil action in any state court of competent jurisdiction or in a district court of the United States without regard to the amount in controversy. In any action brought under this paragraph the court shall receive the records of the administrative proceedings and shall hear additional evidence at the request of a party. The burden of proof remains on the state unit by clear and convincing evidence for the purposes of this appeal. The courts shall have the authority to affirm, reverse or, in a manner deemed by the court to be appropriate, modify the decision of the administrative proceeding.

(d) The state unit shall maintain for public review at convenient times and places a compilation of hearing decisions made pursuant to paragaraph (1) of this section. The decisions shall be made public in a mannner that preserves client confidentiality.

CLIENT ASSISTANCE PROGRAMS

PURPOSE: to clarify that the Client Assistance Programs may pursue legal remedies for individuals with disabilities under Section 504 of the Rehabilitation Act; to ensure that CAPS may not be redesignated without "good cause;" to provide authorization for appropriations; and other issues related to Client Assistance Programs.

SPECIFIC CHANGES: Amend Section 112 by inserting:

(a) after "benefits" add "and rights, including Title V of this Act"

(b) After "rights" add "including rights provided in Title V of this Act and other programs related to the rehabilitation process."

(1) Add "authority to pursue legal remedies including providing such services"

(c) Add after "Act," "at the initial designation. The Governor may not redesignate the agency without good cause."

(d) Strike the paragraph.

(e)(3)(A) Delete "Governor" and add "Designated Agency"

(1)(d)(i) Subject to clause (ii), the Commissioner may increase the minimum allotment under subparagraph (A) for any fiscal year for which funds appropriated under this section for that fiscal year exceed the sums appropriated under this section for the preceding fiscal year by more than the percentage increase in the consumer price index published monthly by the Bureau of Labor Statistics.

(ii) In any fiscal year that the appropriated funds for the fiscal year exceed $7.5 million, the minimum allotment shall be $75,000 for states and $45,000 for territories.

(g)(1) Strike after "consultants" the language "or receive benefits of any kind directly or indirectly from"

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS

PURPOSE: To authorize Section 731 programs and restrictions to assure independence of such programs.

SPECIFIC CHANGES: Amend Title VII Part D Section 731 as follows:

(a) Replace with "from funds appropriated under subsection () the Secretary shall, in accordance with this section, make grants to states to establish and carry out a program to protect and advocate the rights of individuals with severe disabilities;

(b) (1) No state may receive payments from its allotment under this Act in any fiscal year unless the State has in effect not later than October 1, 1987, a program to protect and advocate the rights of individuals with severe disabilities; and

(2) meets the requirements of designation under subsection (c)

(c) The designated system shall be the system established in a state under Part C of the Developmental Disabilities Assistance and Bill of Rights Act to protect and advocate the rights of individuals with developmental disabilities;

(d) The Secretary shall allot the sums appropriated for each fiscal year under this section among the states on the basis of relative population of each state, except that no state shall receive less than $50,000. The Secretary shall allot $30,000 each to American Samoa, Guam, the Virgin Islands, the Northern Mariana Islands, and the Trust Territory of the Pacific Islands.

(e) Reallotments shall be carried out in accordance with provisions in Section 112 (e)(2).

(f) There are authorized to be appropriated $6,000,000 for the fiscal year 1987, $6,300,000 for the fiscal year 1988 and $6,700,000 for the fiscal year 1989."

DEFINITION OF CLOSURE

PURPOSE: To define in the Act a successful closure and to include part-time employment and supported employment as successful closures.

SPECIFIC CHANGE: Amend the Definitions section, Section 7, to add a new definition of "closure," as follows (all new language):

Section 7 (16) Closure means the finding of an individual as "rehabilitated" when s/he has been provided appropriate services which enable him/her to participate occupationally to the best of his/her capabilities and within reasonable employment expectations. Closure can occur when a successful rehabilitation outcome has been achieved, including competitive employment on a full-time or part-time basis, the practice of a profession, self-employment, homemaking, farm or family work (including work for which payment is in kind rather than in cash), sheltered employment, homebound employment, supported employment (including transitional employment program placement for those with chronic mental illness) or other gainful work. A successful closure is not dependent upon specific hours or work, but is related to services provided and the outcome of the provision of services. The success of vocational activity should be viewed in relation to the disabilities and capabilities of the individual, employment market expectations, and vocational mainstreaming.

CURRENT LAW: Current law contains no definition of closure.

JUSTIFICATION: Because the statute is silent on the issue of what is meant by case closure, closure may occur based on factors other than those linked to the individual's achievement of IWRP objectives, such as the cost of service, the unavailability of service, attitudinal barriers in the community, etc. Because rehabilitation counselors are evaluated in relationship to the number of closures they achieve in their caseload, there are immense pressures to close "files" rather than serve the needs of individuals.

TRAINING

PURPOSE: To include in the Act references to training vocational rehabilitation personnel to assist individuals with severe disabilities, including specialized personnel for training for supported employment.

SPECIFIC CHANGES: Add to Section 304(2a) Training of Qualified Personnel (1) in the first sentence:

(A) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4) and

(B) by inserting after paragraph (1): "(2) personnel specifically trained to identify, assess and meet the individual rehabilitation needs of individuals with severe handicaps."

Add to Section 304(b) by inserting "specialized personnel in providing employment training for supported employment" after "job placement services for handicapped individuals."

CONTRACTING WITH PSYCHOSOCIAL REHABILITATION AGENCIES

PURPOSE: To encourage state agencies to contract with psychosocial rehabilitation agencies for provision of vocational rehabilitation services to individuals with serious and chronic mental illness.

SPECIFIC CHANGE: Amend Section 7, Definitions, paragraph (11), which defines rehabilitation facility so as to add a new subsection (M) to read as follows (new language underlined):

> Section 7(11) The term "rehabilitation facility" means a facility which is operated for the primary purpose of providing vocational rehabilitation services to individuals with disabilities, and which provides singly or in combination one or more of the following services for individuals with disabilities: (A)....(M) psychosocial rehabilitation facility services for individuals suffering from chronic mental illness.

CURRENT LAW: Current law does not make clear that psychosocial rehabilitation facilties are among those agencies eligible to provide services.

JUSTIFICATION: There are serious problems with the appropriateness and adequacy of many of the services currently provided to individuals with chronic mental illness under the vocational rehabilitation system. This is clearly evidenced by the high failure rate of chronically mentally ill clients who are accepted for vocational rehabilitation. This population has the highest rate of failure, after acceptance for vocational rehabilitation services, of any diagnostic group. In 1981, out of 29,367 chronically mentally ill clients declared eligible for services, only 45.7% were judged to be rehabilitated. At the same time, there has grown up in the last twenty years or so a network of agencies designed specifically to meet the rehabilitation needs of individuals with chronic mental illness. These agencies are rarely used by vocational rehabilitation agencies, but could provide significant vocational rehabilitation services in an appropriate environment and most importantly could link vocational rehabilitation services with other supportive mental health services which would greatly increase the success rate of the vocational rehabilitation services.

This amendment therefore encourages states to consider contracting with existing psychosocial rehabilitation agencies to provide vocational rehabilitation services for individuals with chronic mental illness who are accepted into the system.

NEEDS ASSESSMENTS

PURPOSE: To require state agencies to conduct a needs assessment to identify severely handicapped individuals in the state and assess their vocational rehabilitation needs.

SPECIFIC CHANGES: Amend Section 101, State Plan requirements, as follows (new language underlined):

> Section 101(a)(15) provides for continuing statewide studies of the needs of individuals with disabilities and how these needs may be most effectively met, including conducting a full needs assessment for serving individuals with severe disabilities, as defined in this Act, and including the capacity and condition of rehabilitation facilities, plans for improving such facilities and policies for the use thereof by the state agency):...

JUSTIFICATION: In order to implement the priority under the Rehabilitation Act for serving individuals with severe disabilities, data on the numbers of such individuals, their disabilities and their vocational rehabilitation needs are required, so as to facilitate adequate planning.

Currently, this information is scanty. States do not systematically assess the needs of the population for vocational rehabilitation services. A needs assessment for persons with severe disabilities would identify this population and enable states to plan ahead to meet their service needs.

REHABILITATION ENGINEERING

PURPOSE: To strengthen and incorporate rehabilitation engineering services for persons with severe disabilities in various sections of the Act.

SPECIFIC CHANGES: Add the following language regarding rehabilitation engineering services to the sections of the Act indicated below:

Add to the evaluation of rehabilitation potential "the provision of rehabilitation engineering services to any individual with a severe disability to assess and develop the individual's capacities to perform adequately in a work environment".

Add to Section 102 (IWRP) "a statement of the specific rehabilitation engineering services to be provided to assist in the implementation of intermediate objectives and long-range rehabilitation goals for the individual."

Add to Section 103, Scope of Vocational Rehabilitation Services, "rehabilitation engineering services designed to help individuals with severe disabilities to increase their functional abilities and potential for self-sufficiency."

Add to Section 101, State Plans, "describe how rehabilitation engineering services will be provided to assist an increasing number of persons with severe disabilities."

Add to existing language for Rehabilitation Engineering Centers "(c) to demonstrate innovative models for the delivery of cost-effective rehabilitation engineering services to assist in meeting the employment and independent living needs of individuals with severe disabilities." CCDD urges that the National Institute on Handicapped Research fund at least one new Rehabilitation Engineering Center under this new subpart (c).

TRANSITIONAL EMPLOYMENT PROGRAMS AS SUPPORTED WORK FOR PERSONS WITH MENTAL ILLNESS

PURPOSE: To include in report language regarding supported employment those supported employment programs which operate for individuals with chronic mental illness and which have been using the term "transitional employment programs" (TEP) for the past twenty years.

SPECIFIC CHANGES: Psychosocial rehabilitation transitional employment programs refer to a wide range of work arrangements characterized by intensive daily one-to-one contact between the trainer and client with gradual reduction of assistance as the client becomes more competent. The specific components in implementing transitional supported work models include job/client match; job-site training and advocacy; on-going assessment; and follow-up maintenance. Thus TEP provides participants with training and specific vocational skills; places participants in competitive jobs with the potential for permanent employment; and provides post-placement support and follow-up as needed to promote job retention.

TEP placements for people with severe disabilities are located in normal places of business and are usually entry-level employment. Wages are the prevailing wage for each job and almost all jobs are worked on a part-time basis providing temporary, entry-level employment through a series of TEP placement or to use such employment as a link or step to eventual full-time, independent employment.

Employers do not lower the work requirements of a job and no subsidy is provided to the employer with respect to wages paid. All TEP placements are arranged cooperatively by the agency and the employer, and the agency then selects the individuals to be placed in those jobs.

JUSTIFICATION: The term "transitional employment program" in the psychiatric rehabilitation field can be viewed as interchangeable with the newer term "supported work" for persons with mental illness. Report language to clearly include transitional employment programs as an example of supported employment models is essential to ensure that individuals who have chronic mental illness are equally eligible for supported work services. Transitional programs for people with mental illness have long been used by rehabilitation agencies as providers for this population.

TERMINOLOGY

PURPOSE: To revise the Act so that (1) references to people with disabilities place primary emphasis on the individual rather than on the disability, impairment or condition and (2) the term "disability" is substituted for the term "handicap".

SPECIFIC CHANGES: Strike the terminology as shown in column A in each place it appears in the Act and insert in lieu thereof preferred terminology as indicated in column B.

Column A	Column B
Current Terminology	Preferred Terminology
Handicap(s)	Disability(ies)
Handicapped Individual(s)	Person(s) who has (have) a disability
Handicapped Youth	Youth with disabilities
Handicapped Children	Children with disabilities
Handicapped American Indians	Native Americans with disabilities
Institutionalized Individuals	Persons in institutions
Homebound Individuals	Persons who are homebound
The Handicapped	Persons with disabilities
The Blind/Blind Persons	Persons who are blind
The Deaf	Persons who are deaf
Hearing Impaired Individuals	Persons with hearing impairments
National Council on the Handicapped	National Council on Persons with Disabilities
National Institute of Handicapped Research	National Institute of Disability Research
Interagency Committee on Handicapped Research	Interagency Committee on Disability Research
Interagency Committee on Handicapped Employees	Interagency Committee on Employees with Disabilities
Office of Information and Resources for the Handicapped	Office of Information and Resources for Persons with Disabilities

JUSTIFICATION: The Rehabilitation Act is a major source of programs and services for people with disabilities and, as such, serves as a model regarding the portrayal of individuals with disabilities. These revisions shift the focus of references to people with disabilities away from their conditions, emphasizing instead the whole, unique individual. References to persons in terms of their conditions is inaccurate and demeaning. Similarly, the substitution of the term "disability" for the term "handicap" is consistent with wide-spread efforts to eliminate language that may carry negative or judgmental connotations. Such language reinforces misconceptions about people with disabilities and perpetuates negative attitudes and patterns of response and expectations.

NATIONAL CONSORTIUM ON PHYSICAL EDUCATION AND RECREATION
FOR THE HANDICAPPED

Senator Lowell P. Weicker Jr.
303 Hart Building
Washington, DC 20510

April 2, 1986

Dear Senator Weicker:

Please find enclosed written testimony to be considered in the reauthorization of the Vocational Rehabilitation Act. As your comments concerning physical education during the Hearings on EHA indicated, a need exists for handicapped individuals to develop those physical and vocational skills that will enable them to be successful members of society. The NCPERH strongly feels that the Vocational Rehabilitation Act and the subsequent Department of Education regulations have not adequately addressed the physical education needs of the nation's disabled citizens.

Please do not hesitate to contact me should you need any further information.

Sincerely,
Michael W. Churton
Michael W. Churton
NCPERH: Legislative Chair

Department of Language Reading and Exceptionalities
Appalachian State University

PREPARED STATEMENT OF THE NATIONAL CONSORTIUM ON PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED

by

Louis Bowers, Ph.D.
President: NCPERH
Tampa, Florida

and

Michael W. Churton Ed.D.
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The National Consortium on Physical Education and Recreation for the Handicapped is honored for the opportunity to present written testimony to the Senate Subcommittee on the Handicapped concerning the reauthorization of The Rehabilitation Act of 1975 (as ammended by Public Law 98-221). The NCPERH, with this testimony, submitts that the rehabilitation of handicapped individuals can be enhanced through participation in quality physical fitness and education programs. In addition, the participation of preschool handicapped children in motor development programs is a professional responsibility of the physical education area.

It is the opinion of the NCPERH that the current statutes of the Rehabilitation Act of 1975 do not adequately address the physical education needs of handicapped individuals including preschool children. Documentation is presented that evidences the significant role that physical education plays in the development of psychomotor skills needed for successful employment, wellness of handicapped individuals, development of socialization and transitional skills, and the use of leisure time.

The testimony is presented in two parts. Part I offers evidence to support the contribution that physical education services offer to the rehabilitation of handicapped individuals. Part II proposes statutory revisions that would more clearly specify the services of physical education within the Rehabilitation Act of 1975. In addition, Part II offers the NCPERH recommendations for programmatic considerations within the Office of Special education and Rehabilitation services and specifically with the National Institute of Handicapped Research.

The NCPERH would be most willing to supply any additional information the Subcommittee may need in their consideration of this area.

NATIONAL CONSORTIUM ON PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED

PART I

PURPOSE: To demonstrate that physical education is an intregal part of a handicapped individual's rehabilitation program and warrants equal and due consideration under The Rehabilitation Act of 1975 (as ammended by PL 98-221).

Overview

Physical Education for the handicapped is a comprehensive service delivery system designed to improve the psychomotor functioning and development of handicapped preschool children and adults. Services include psychomotor assessment, individualized rehabilitation programming, developmental and prescriptive teaching and programmatic evaluation. The goal of physical education for the handicapped is to prepare the handicapped individual to become an active and productive member of his or her community to whatever degree possible. The delivery of physical education services enables the handicapped individual to develop those psychomotor competencies needed for successful work performance, health and well-being, leisure and sport participation and for socialization experiences among handicapped and non-handicapped peers (Auxter & Pyfer, 1985 and Churton, 1985).

The National Consortium on Physical Education and Recreation for the Handicapped (Bundschuh, 1984) indicated that the role of the physical education for the handicapped service provider may include:

...Direct Service Delivery Specialist: The individual teaches handicapped individual in a preschool setting vocational rehabilitation centers, institutions, and other facilities that service the handicapped

... Consultant : The individual serves as a resource person to preschool teachers, vocational rehabilitation counselors, parents and community personnel.

Physical education for the handicapped individual is a necessary service within the array of services delimited under the generic area of vocational rehabilitation. As an intregal part of vocational rehabilitation, physical education services are provided to the handicapped from the preschool level through adulthood and includes services for the severely and profoundly handicapped.

Emphasis at the preschool level is concerned with the development of appropriate play and socialization skills and behaviors. Basic motor skills are required for children to enjoy the benefits of play. Should children experience difficulty in basic motor skills, intervention by a physical educator may be required. Certainly , the motor foundation established during preschool enables the handicapped child to participate in normalized activities with their non-handicapped peers (Bowers, 1983).

The intermediate age period will include an emphasis on physical fitness and socialization through the participation in team games, sports, and activities. The handicapped child should be given the opportunity to develop not only those psychomotor skills required for sport and game interaction with peers, but also those psychomotor skills needed for maintaining a healthful lifestyle and for obtaining employment in the community.

The emphasis in high school and the post-school period is on those lifetime activities which will enable the individual to enjoy recreational and leisure time pursuits. In addition, the maintaining of adequate physical fitness and health together with the development of psychomotor skills needed for successful employment are stressed.

The Need for Physical Education

The importance of physical education as a required program for all handicapped individuals is due to the cause-effect relationship that exists between the handicapped child and his or her success during the preschool school-aged, transitional, or adult period of his/her life . The contributions that are made by the delivery of physical education services improves not only the psychomotor functioning of the individual during and/or after school activities, but it also prepares handicapped individuals for the psychomotor demands of healthful and qualitative lifestyles, interpersonal relationships, and for successful work performances. (Auxter & Pyfer, 1985).

Handicapped preschool children as with non-handicapped children are in need of a quality physical education program in order to fully participate in cultural and traditional activities of early childhood (play), school years (games and competitive sports), and adulthood (leisure activities). A quality physical education program prepares handicapped children to develop their psychomotor needs which will allow them to choose or to be encouraged to choose activities and social situations with their handicapped and non-handicapped peers.

The curriculum for the physical education of handicapped preschool children lies in the developmental principles supported by Bowers (1983), DePauw & Seaman, (1984), and Auxter & Pyfer, (1985). Harrow (1969) in her taxonomy of the psychomotor domain indicated six levels of development including reflexive, fundamental movements, physical abilities, perceptual abilities, skilled movements, and non-discursive communication. Success in the psychomotor domain allows handicapped individuals the societal, health, work, and physical skills that enables the disabled to become productive and useful members of society.

Preschool Period

School age psychomotor needs of handicapped include those skills necessary to participate in play and other activities including games, sports, and leisure programs. Traditionally, this has been the role and purpose of a quality physical education program for public and private schools. Evidence is presented which demonstrates that a quality physical education program can improve those psychomotor skills necessary for handicapped children to participate in the psychomotor, social, and play aspects of the school-age period . The physical education program can make a significant contribution during the school-aged period by:

1. Developing prerequisite motor skills necessary for participation in self-fulfilling childhood games and social activities.
2. Developing physical fitness for the maintenance of health.
3. Developing ambulatory skills to master mobility in domestic and community environments.

4. Developing recreational skills for independent functioning in the community.
5. Developing physical and motor prerequisites to vocational skills required for independent living.
6. Developing physical and motor prerequisites to self-help skills required for independent living (Auxter & Pyfer,1985 and Fait & Dunn, 1984).

Research in the area of physical fitness for the mentally retarded and other handicapping conditions have supported the fact that physical fitness can be improved in handicapped children and adults. By developing physical fitness , the handicapped individual has the physical vitality and endurance to learn more complex motor skills, participate in fitness oriented activities with non-handicapped peers, and receive the health and well-being benefits of aerobic and cardio-respiratory development.

In addition, it has been demonstrated that adequate levels of physical fitness enables the handicapped and non-handicapped individual to enjoy more success on the work force by experiencing less off-job time due to illness and health related factors. Further, with adequate levels of fitness, clients will have more flexibility in the learning and selection of job skills required for employment. (Corder, 1966 &1969; Oliver, 1958; Solomon and Prangle (1970; Rarick, Dobbins, and Broadhead 1976; Courtney 1972; Greenfell, 1965; Cavanaugh 1968; Nunley, 1965; Britt, 1968; Goodwin, 1970; Funk, 1971, Wepman, 1982; American College of Sports Medicine, 1975; Rarick, 1980; Cooper, 1970; Miller & Allen, 1982).

Sport Competition

Handicapped individuals choosing to participate in competitive sport activities have many opportunities in which to compete. The Amateur Sport Act of 1978 (PL 95-606) established a Committee on Sports for the Disabled within the U.S. Olympic Committee. Organizations who have membership in this Committee include The United States Amputee Athletic Association, United States Association for Blind Athletes, National Association of Sports for Cerebral Palsy, National Wheelchair Athletic Association, American Athletic Association for the Deaf, the National Handicapped Sports and Recreation Association, and Special Olympics, Inc.

Quality physical education programs can help handicapped individuals who choose to compete in these competitions to become better trained and conditioned and to receive the full benefits of sports competition (Winnick, 1984 and Miles, 1985).

Motor Development

The role and purpose of a quality physical education program is to maximize the motor performance of handicapped preschool children on the many specific skills within the physical education curriculum. The adapted physical education teacher must determine through specific assessments and appropriate intervention strategies to ensure that learning occurs. Through a quality physical education program, motor performance can be improved and activity levels raised so as to permit the handicapped child the opportunity to learn more complex motor tasks and to enjoy participation in activities with their non-handicapped peers. Irregardless of handicapping condition, motor learning and performance can be facilitated through a well developed and qualitatively presented physical education program (Auxter & Pyfer, 1985; Iyriboz, 1984; McCubbin & Shasby, 1985; Porretta, 1985; Lavay, 1984).

Health and Wellbeing

Increased concern over the incidence of heart disease, obesity, and high blood pressure has generated considerable interest in cardiorespiratory or aerobic physical fitness. The importance of physical fitness to health is producing growing support for physical fitness as a major objective of physical education programs for the handicapped. Recognition has grown in recent years of the importance in the health benefits of enhanced physical fitness to the typically less active handicapped population. Due to a combination of factors including physical inability, overprotection, self-consciousness, attitudinal, and inaccessibility of facilities and programs, handicapped individuals usually engaged in less daily physical exercise than do their non-handicapped peers. This reduced level of daily exercise negatively effects the functional capacity of their neuromuscular and cardiorespiratory systems producing a general overall decreased level of physical fitness. The rehabilitative value of exercise has been universally accepted as an adjunct in the return of injured persons to normal functioning as well as in retarding the progress of some diseases (Cooper, 1970; Corbin, 1980; Getchell, 1983; Haskell, 1980; Hutman, 1979;)

Chronically ill persons with debilitating conditions are particularly prone to poor physical vitality and development. The health status of handicapped individuals is dependent upon a variety of variables including socioeconomic level, disability, and geographic location. Fait and Dunn (1984) reported that generally handicapped individuals have a history of high caloric intake, poor eating habits, and low protein supplements. Part of the problem lies in determining daily minimal requirements and the overall lack of activity which lends itself to a compromised overall health status. The ability of the individual to maintain a daily exercise and activity program facilitates the homeostatic functions of the body enables the individual to remediate obesity and other debilitating problems.

Socialization and Self Concept

The development of social skills of handicapped individuals is an important objective of the physical education program. Social skills improve the chances of social acceptance by others (Auxter & Pyfer, 1985). Seaman and DePauw (1984) indicated that physical education is an efficient medium through which handicapped individuals can develop those social skills necessary for interaction with non-handicapped peers. Appropriate physical education programs can help handicapped individuals demonstrate:

1. Socially acceptable characteristics;
2. Social acceptance in a variety of social experiences and interactions with non-handicapped peers
3. Social capabilities to peers;
4. Self contributions to team and group efforts.

The relationship between motor performance and socialization is very important to the preschool handicapped child. Efforts to seek and gain approval occur frequently for the young as they utilizes various movement patterns.

For the older handicapped child social activities may be conceptualized as consisting of various levels including unoccupied, independent, and interactive. The primary instructional focus involves the determination of the appropriate times, places and frequency associated with various isolated and cooperative activities. The social skills involved in most activities generally consist of initiating, receiving, sustaining, and terminating an activity (Snell, 1980).

Activities such as a quality physical education program can facilitate the process of developing appropriate social skills by virtue of the structure and activities that are presented in the service. By facilitating social skill development, a quality physical education program plays a significant role in helping the handicapped individual to overcome barriers in transition, employment and recreation.

Work Performance

Transition to adulthood, success on the work force, and competitive employment are affirmative phrases which describes succinctl[the goal and aims of education for the handicapped. For the client to be successful, certain skills and abilities need to be developed and maintained. Work skills, socialization, and health are three leading factors that contribute to success on the work force. A quality physical education program directly contributes to a client's ability to develop these skills.

Competitive employment for the handicapped usually includes job skills that focus upon some form of manual dexterity including gross and fine motor skills. Common competitive employment opportunities include janitorial work, fast food positions, and unskilled labor positions. Each of these typical employment opportunities requires if not demands the client to demonstrate proficiencies in fine motor skills, strength, endurance, perceptual-motor skills, and other gross motor skills.

Effective work skills require the handicapped to respond to a changing work requirement and to enjoy meaningful and fulfilling vocational performance. Appropriate physical education programs can help the handicapped to achieve success on the work force (Crosson, 1978 and Zigmond & Brownlee, 1981).

Additionally, interaction with non-handicapped peers is usually cited as one of the leading factors for failure on the job. Leisure and recreational activities are common means by which employees develop interpersonal contact and development. A quality physical education program prepares the client for this form of socialization. Exhibit 1 clearly shows the common physical education skills needed by clients to pursue their employment, recreational and socialization needs during the transition and post secondary period.

Summary

The need for a quality and an appropriate physical education program for handicapped students has been briefly evidenced as contributing to a handicapped child's psychomotor education, health and well-being, socialization, and work performance. However, in the ten years since the enactment of The EHA, the development of quality physical education programs have not received the same attention and support as have other areas of special education. Evidence is presented in the next section of this testimony to support the fact that handicapped children are not receiving an appropriate physical education program and thereby are being denied their equal rights and protection under EHA and denied the opportunity to achieve a quality of life and wellbeing which a comprehensive physical education program can help to provide.

NATIONAL CONSORTIUM ON PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED

PART II

Purpose: The purpose of this part is cite the NCPERH's proposed statutory revisions and recommendations concerning the delivery of physical education services to handicapped preschool children and adults.

Introduction

This testimony has presented documentation that clearly indicates the role of physical education in the rehabilitation of handicapped individuals including preschool handicapped children. Part II offers recommendations that would clarify and specify the role of physical education in the Rehabilitation Act of 1975.

Rehabilitation Act of 1975 (as ammended by PL 98-221)

Proposed Statutory Revisions

[Note: The underlined portion of each section indicates the inclusion of new language]

Definitions

Sec. 7 (5)(B) A diagnostic study... employment opportunities, Physical fitness and education status, and other ... needed;

(11) (A) vocational rehabilitation services ... and vocational, nd physical fitness and education services.

(16) the term physical education means the development of physical fitness, perceptual-motor skills, movement patterns and fundamental motor skills. Physical education is a comprehensive service delivery model which includes the use of appropriate assessments, instructional technology, and evaluative methodology. The term includes special physical education education, adapted physical education, and regular physical education programs. Physical education also includes the development of socialization skills and the worthy use of leisure time, and the development of a quality of life that includes health and wellness.

State Plans

Sec. 101 (12)(B) provide (as appropriate)... for the provision of servicesincluding physical education services...individuals

(15) provide for ... handicapped individuals including the physical education needs... and

Individualized Written Rehabilitation Program

Sec. 102 (b) (2) a statement of the specific vocational rehabilitative services to be provided including physical education services.

Scope of Vocational Services

Sec. 103 (12) Physical education and other training services for handicapped individuals including appropriate physical fitness and education evaluation and assessment, physical education program development , health and wellness programs and monitoring, and other services designed to help handicapped individuals secure needed services and facilitate the process by which a handicapped individuals gains and maintain employment and work performance.

Title II- Research and Training

Declaration of Purpose

Sec 200. (1) provide for... rehabilitative services including services in physical education

National Institute of Handicapped Research
Research

Sec 203 The Director ... and other rehabilitative services including physical education service ... and other factors affecting rehabilitation of handicapped individuals including physical education services...

(14) Conduct of a model research and demonstration project to develop and use more effective and innovative training and research physical education methods which will facilitate a handicapped individual's ability to gain competitive employment and develop skills necessary to maintain employment through work performance , health and wellness status, and socialization and transitional skills.

Title III-Supplementary Services and Facilities
Part A- Construction and Training Programs

Declaration of Purpose

Sec. 300 (2) authorize grants and contracts ... vocational training services including services in physical education,...

Sec. 302 (3) (C) the full range of services including services in physical education...

Training

Sec. 304 (2) ...in client assistance program, personnel specifically trained to deliver Physical education services, and
(b) In making such grants... recreation for ill and handicapped individuals, Physical fitness and education for handicapped individuals, and ...

Comprehensive Rehabilitation Centers

Sec. 305 (a)(1) In order to provide ...health, educational, physical educational., social...

Adapted Physical Education Programs

Sec. 317 (a) The Commissioner, subject to the provisions of section 306, shall make grants to State and public nonprofit agencies and organizations for paying part or all of the cost of initiation of adapted physical education programs to provide handicapped individuals with physical education services to aid in the health and wellbeing, socialization, work performance, and transitional skills of such individuals. The programs authorized to be assisted under this section may include, but are not limited to, physical fitness, lifetime and competitive sports and intramurals, aquatics, dance, group and individual games.
(b) Grants to be authorized under this section shall be limited to not less than thirty-six months.

NCPERH RECOMMENDATIONS

The National Consortium on Physical Education and Recreation for the Handicapped strongly feels that the statutory revisions proposed for PL 98-221 will assure that the federal and state agencies responsible for the implementation of the Act will address the services of physical fitness and education for the handicapped. The following recommendations are proposed:

1. That the National Institute on Handicapped Research specifically offer grants and contracts in the area of research concerning physical education services for handicapped preschool

children and adults.

2. That the Definition of Rehabilitation includes physical education as a needed and recommended service.

3. That the office of rehabilitative Services solicit and appointed physical education consultants for the purposes of reviewing grants and contracts .

4. That the statutes reflect the definition of physical education as proposed in this testimony.

5. That the National Council on The Handicapped obtain either through direct employment or through consultation, the services of an adapted physical education specialist for the purpose of advising the Committee in this area of rehabilitation.

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A STATEMENT

PRESENTED BY

THE CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS, INC.

TO

THE HANDICAPPED SUBCOMMITTEE OF THE LABOR
AND HUMAN RESOURCES COMMITTEE

UNITED STATES SENATE

LOWELL P. WEICKER, JR., CHAIRMAN

MARCH 25, 1986

The Cerebral Palsy Research Foundation of Kansas, (CPR), is most appreciative of the opportunity to focus on issues which it deems are of vital importance to the productive employment of severely physically handicapped persons. Since its inception in 1972, CPR has embraced the concept that persons with disabilities can be productive through the media of rehabilitation engineering. This commitment manifested itself in the establishment of Center Industries Corporation (CIC), in 1975. CIC recently celebrated its 10th anniversary and currently employs over a hundred people, 75% of whom can be classified as severely physically disabled. Over the past several years, gross revenues produced by this non-profit organization have exceeded $1.6 million, last year's revenue exceeded $2.6 million. As you can tell from Pat Kraft's testimony, CIC is a showcase for rehabilitation engineering, many major modifications have been made to production equipment to allow severely handicapped persons to be effective employees.

Center Industries Corporation is the successful integration of the disciplines of business, rehabilitation, and engineering in a mainstream, supported work environment, which has consistently proven its worth employing a segment of the handicapped population typically found non-feasible for employment by vocational rehabilitation professionals.

It is a concept which works beautifully under a specific set of conditions. With the above information as a frame of reference, the Cerebral Palsy Research Foundation of Kansas respectfully requests that any legislative action related to the application of rehabilitation engineering to the problems of the employment of persons with severe disabilities address the following significant issues:

1. The federal government should allocate significant sums of money to provide subsidies for organizations bidding on federal contracts. Long-term, profitable contracts are absolutely essential for the employment of this population. Even though Center Industries is a non-profit corporation, it depends upon profitable contracts to support ancillary services, ie., the aid and attendant care and transportation provided to its handicapped employees. Since these services are costly, it is imperative that money be made available to subsidize the bidding process. Additionally, funds should be allocated to assist organizations such as Center Industries Corporation, for staffing, the purchase of equipment, construction, and the rehabilitation engineering services required to sustain the placement effort. In order to qualify for federal subsidies, an agency would have to satisfy

the following criteria.

a. The business should emulate mainstream employment rather than promote a sheltered workshop environment.

b. Pay minimum wage or above.

c. Provide comprehensive medical and life insurance programs to offset the loss of welfare benefits.

d. Employ a minimum of 50% severely disabled persons associated with a maximum of 50% able-bodied individuals in order to emulate mainstream employment.

e. Focus on employment opportunities for those individuals classified as severely physically disabled, ie., those individuals who are found typically non-feasible for employment by traditional rehabilitation agencies.

Contracts are the "life-blood" of the supported work concept. The federal government, recognizing its responsibility to the handicapped population, must take a significant role in the facilitation of the award of contracts from both federal agencies and mainstream business to support "an idea whose time has come."

2. At the present time, consumer advocate groups representing a broad spectrum of persons with disabilities, including but not limited to: the National Council on the Handicapped, the President's Committee on the Employment of the Handicapped, United Cerebral Palsy of America, are demanding rehabilitation engineering services. These groups appreciate the concept of basic rehabilitation engineering research and support it.

However, they feel that it is imperative that agencies that have a proven track record in rehabilitation engineering research provide complementary service delivery programs with special emphasis in the areas of independent living and employment.

It is the opinion of the Cerebral Palsy Research Foundation of Kansas, that Congress must allocate "new" funds to facilitate the provision of rehabilitation engineering services. Traditionally, agencies performing this type of work, are "bootlegging" their services under a research mandate with the unfortunate outcome that individuals competent in the field, have become thinly spread. Adequate, longitudinal funding is an absolute must if service delivery is to become a reality rather than continue as the informal, adjunct effort which currently exists.

3. It is imperative that state rehabilitation professionals be mandated to utilize rehabilitation engineering services as a matter of course in the development of rehabiliation plans. In order to foster this activity, federal funds should be allocated to facilitate information dessimination, training, and education of rehabilitation professionals in the field. Additionally, funds should be made available to enhance the development of consulting networks to be coordinated by existing rehabilitation engineering centers with demonstrated performance in service delivery. Services provided shall include:

a. Assessment of the vocational/independent living potential of handicapped persons.

b. Engineering design and fabrication of adaptive devices.

c. Installation and trouble shooting of same.

d. Continual post-service which would include: routine, preventative maintenance and device modification to respond to conditions of change.

The Cerebral Palsy Research Foundation of Kansas is absolutely convinced that the Pat Krafts of the United States can be productive in a host of environments through the interaction of traditional rehabilitation disiplines in cooperation with rehabilitation engineering. The problems of this segment of the disabled population, while given lip service, have largely been ignored. Rehabilitation engineering, for many people, represents the only possibility for them to take their rightful place in mainstream American society.

Thank you for this opportunity to state our views on these vital issues.

American
Dental
Association

ADA

1111 14th Street, N.W.
Suite 1200
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April 7, 1986

The Honorable Lowell P. Weicker
Chairman, Subcommittee on the Handicapped
113 Hart Senate Office Building
Washington, D.C. 20510

Dear Mr. Chairman:

I am writing on behalf of the American Dental Association to provide comments and recommendations on the pending reauthorization of the Rehabilitation Act of 1973. Our concern is for the millions of handicapped individuals who require adequate health care in order to achieve and maintain normal lives as productive members of society. Such services are not always available due to the lack of health professionals knowledgeable in the unique treatment considerations and needs presented by this special group of people. The Rehabilitation Act helps to remedy this situation through Title III, the Rehabilitation Training Grant Program, which provides funds to educate health professionals in the management and treatment of special patients. At present, fifteen categories of services are specifically authorized under Title III, Part A, Section 304(b), including rehabilitation medicine and rehabilitation nursing. Rehabilitation dentistry had been a category but, for reasons never clearly indicated, was eliminated from Title III. This occurred in spite of the importance given dental services by the Rehabilitation Services Administration in regulations. Due to its importance as an integral part of a handicapped person's overall health care, rehabilitation dentistry should be specified as a category under the grant program.

Regulations created to implement the Act identify dental services as essential to the well being of the handicapped. Rehabilitation dentistry is an important service under Title I, the Vocational Rehabilitation State Grant Program (34 CFR 361.1 (c)). Dental services are frequently provided as part of this program to help return handicapped persons to self-sufficiency and employment. Dentistry is also included in Title VII, Independent Living Services (34 CFR 365.37 (a) (3) (ii)). Designed to help those with severe disabilities to function more independently, this comprehensive program provides services that many of us take for granted, such as dental care, which are not always easily available to severely handicapped persons.

Senator Weicker
Page 2
04/07/86

Congress has expressed an intent to give rehabilitation dentistry at least equal consideration with other disciplines which have their own category in Title III. In the last reauthorization of the Rehabilitation Act, the conference report specifically identified dentistry as a category under section 304 (b). As a result, grants can now be obtained for rehabilitation dentistry programs under the "other fields" category. Predictably, however, absence of a specific reference to a dental category has discouraged applicants in the rehabilitation dentistry field. In addition, otherwise deserving rehabilitation dentistry applications are not being funded.

Congress should reiterate its commitment to rehabilitation dentistry by including it in Title III, Part A, Section 304(b). This would be consistent with the intent of Congress and with regulations created by the RSA to implement the Act. It would resolve an inconsistency in the rehabilitation laws which provide for essential services in one section, yet fail to recognize the importance of training personnel in the delivery of such services. Furthermore, creation of a rehabilitation dentistry category would require no additional funding. It would merely recognize the importance of dental services in improving the lives of our disabled citizens.

The American Dental Association respectfully requests this statement be included as a part of the official hearing record.

Sincerely,

Abraham Kobren

Abraham Kobren, D.D.S., M.S.
President
American Dental Association

GOODWILL INDUSTRIES
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April 1, 1986

The Honorable Lowell P. Weicker, Jr.
Chairman
Senate Subcommittee on the Handicapped
113 Hart Senate Office Building
Washington, DC 20510

Dear Mr. Chairman:

Goodwill Industries of America, Inc. (GIA) appreciates this opportunity to comment for the record on the reauthorization of the Rehabilitation Act of 1973.

GIA is a national, nonprofit corporation serving individuals with disabilities through 174 member rehabilitation facilities throughout the United States. These community-based organizations provide a wide variety of services to people with disabilities, including job training, vocational evaluation, transitional, supported, and sheltered employment, independent living skills, career counseling and private sector placement services. We are the largest network of privately operated vocational rehabilitation facilities in the world, each year placing in excess of 10,000 individuals with disabilities in competitive employment and providing employment to more than 33,000 people with disabilities in our production facilities, retail outlets and industrial contract programs. Because of GIA's experience with virtually all facets of the Rehabilitation Act, we believe we are uniquely qualified to comment on the Act's reauthorization.

The Subcommittee has received a comprehensive statement from the Consortium for Citizens with Developmental Disabilities (CCDD) and GIA is a signatory to that document. However, we would like to emphasize our position that the Rehabilitation Act cannot be viewed solely from the perspective as a complement to the Education for All Handicapped Children Act (P.L. 94-142).

While the coordination of these two laws provides a continuum of services for those individuals with developmental disabilities as they move from the education system, there is a critical need for the vocational rehabilitation system to focus on those individuals who become disabled after they leave school. The recently conducted Harris Poll released by the National Council on the Handicapped illustrates this point in the finding that a majority of individuals sustained the onset of their disabilities after they left the education system.

While GIA endorses the Department of Education's recommendation that state vocational rehabilitation plans be required to include policies to be followed to assist individuals with disabilities in the transition from education to employment, it must be recognized that there is a sizable population of people with disabilities who are not now receiving rehabilitation services, nor will they be served if the emphasis of the Rehabilitation Act is altered to concentrate solely on transitional services. This older population - those who become disabled after leaving school - is equally deserving of services to develop their full vocational potential. The rehabilitation system needs to be expanded to guarantee that more of those in need of services are indeed served. In this time of reduced or tightened federal expenditures, this is a difficult task. Therefore, now more than ever, there needs to be a greater utilization of private, nonprofit facilities. One of the ways to accomplish this is to ensure that all facilities are used and there is not a duplication of services. Accordingly, we believe that all states should be required to include in their vocational rehabilitation plans a survey of the capacity of the vocational rehabilitation system to serve people with disabilities including the capacity of nonprofit, private rehabilitation facilities. There is no justification for using scarce federal funds for the duplication of services or construction of new or expanded state rehabilitation facilities if there already exists underutilized capacity among private, nonprofit facilities.

GIA would also like to comment on some other issues that have been raised during Congressional consideration of the Rehabilitation Act's reauthorization:

- Appointment of Rehabilitation Services Administration (RSA) Commissioner - GIA disagrees that the Commissioner of RSA should be appointed by the Secretary of Education, rather than by the President with the advice and consent of the Senate. We strongly urge that the Subcommittee reject this recommendation supported by the Department of Education and contained in House legislation (H.R.4021). This organization has for many years worked to raise the stature of RSA within the federal government, and we are concerned that making this a Secretarial appointment will diminish the importance of this significant position.

Rather than downgrading the position of RSA Commissioner to a Secretarial appointment, we believe that the Office of the RSA Commissioner should be removed from the umbrella of the Office of the Assistant Secretary for Special Education and Rehabilitation Services, and that Special Education and Vocational Rehabilitation should be made into two, separate, co-equal positions at the Assistant Secretary level. Special Education and Vocational Rehabilitation are two, separate fields with different concerns, interests and skills. Although these two fields need to complement one another for certain individuals, they serve different populations with different needs.

- State Grants - The Administration supports an increase in the required state match for basic vocational rehabilitation grants to 25% from 20%. Although we can appreciate a desire to see the states assume a greater role in providing vocational rehabilitation services, we believe that this change is premature in view of the uncertain impact of the Gramm-Rudman-Hollings budget reduction law on state financial resources. It would be more appropriate to delay this change until the effect of Gramm-Rudman-Hollings can be accurately measured. The federal government has and must continue to provide the national leadership and fiscal support to ensure a strong vocational rehabilitation system.

- Projects With Industry (PWI) - As directed by Congress, RSA has completed a performance review of the PWI program which concluded:

> In general, PWI projects are experiencing success in their efforts to assist persons with disabilities in obtaining competitive jobs. Persons being served and placed have serious barriers to success in the labor market, and many PWI participants are making the transition to stable competitive employment. The relatively low cost per placement, especially for older projects, suggests that PWI projects are accomplishing their goals in an efficient manner. This success is underscored by the fact that placements achieved in project year 1983-84 resulted in a total gain in earned income of $1.263 million per week.

Another measure of the program's success is the high level of employer satisfaction with the program. This support is also reflected in the fact that nearly 5,000 business persons and rehabilitation professionals donate time to PWI by serving on project advisory committees.

Goodwill Industries has considerable expertise with the PWI concept as a cost-effective program which has created an exceptional number of competitive, private-sector jobs for people with disabilities. Since 1976, GIA has administered its PWI project with support from RSA. This year Goodwill's program will place its 10,000th graduate in competitive employment.

GIA currently administers three PWI projects (25 sites) assisted by $405,000 in funds from RSA. (These RSA grants are directly supplemented by $136,000 in funds from Goodwill Industries.) In the most recent program year (1985), these projects placed 614 people with disabilities in competitive, private sector employment, at an average cost-per-placement to the federal government of only $660.

We are disturbed by the Administration's FY 1987 budget recommendation to rollback appropriations for the PWI program to fiscal 1984 levels, $13.0 million. While we can appreciate the budget constraints facing Congress, we believe that reducing funding for this proven program would be shortsighted.

The Rehabilitation Act serves as a model of federal, state and private sector cooperation which has benefitted countless individuals with disabilities. However, despite vocational rehabilitation advances, people with disabilities still constitute a disproportionately large segment of our unemployed population. More can and must be done, and these recommendations of Goodwill Industries of America, Inc. are designed to enhance the effectiveness of the Act.

Sincerely,

David M. Cooney
Rear Admiral, USN (Ret.)
President & Chief Executive Officer

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Testimony of the Navajo Nation
on the
Reauthorization of the Rehabilitation Act of 1973
before the
Subcommittee on the Handicapped
of the Senate Labor and Human Resources Committee
for the Hearing held
March 25, 1986

INTRODUCTION

These comments are presented to be included in the record of the hearing on the reauthorization of the Rehabilitation Act of 1973 conducted by the Subcommittee on the Handicapped of the Senate Labor and Human Resources Committee on March 20 and 25, 1986. The comments particularly concern the provisions of that act dealing with the funding of vocational rehabilitation programs operated by Indian tribes and with the need for provisions in the reauthorization bill which more adequately address the vocational rehabilitation needs of American Indians.

The Navajo Nation is particularly interested in this legislation because of its impact on the Navajo Vocational Rehabilitation Program. In addition we are concerned with improving the quality and availability of vocational rehabilitation services for American Indians throughout the country.

NEEDS OF THE HANDICAPPED AMERICAN INDIAN POPULATION

The situation of handicapped American Indians throughout the country reflects a number of differences from the rest of the handicapped population. A report prepared by the Native American Research and Training Center at Northern Arizona University indicates that the overall incidence of disabling conditions is one and a half times higher among American Indians than among the rest of the American population. Despite this higher incidence of handicapping conditions, disabled American Indians are only 60% as likely as disabled members of the general population to be successfully rehabilitated. American Indians are less likely to apply for rehabilitation services. If they apply, they are less likely to be accepted. If accepted into the caseload, they are less likely to be rehabilitated.

In written testimony to the Subcommittee on Select Education of the House Education and Labor Committee last summer, the Navajo Nation described in greater detail some of the unique characteristics of the American Indian handicapped population and the deficiencies with existing rehabilitation services being provided to this group. Excerpts from that testimony are appended to this testimony as Appendix A. The key fact is that here is a population with a greater than average need for rehabilitation services which receives, on the whole, less than the average rehabilitation services.

Factors which contribute to the lower rehabilitation rate for American Indians include the geographical isolation of many American Indian vocational rehabilitation clients. VR services tend to be clustered in the more settled, urban areas. Indian reservations are usually found in isolated, rural areas. There is often a gulf of language and culture between the American Indian VR client and the rehabilitation service providers in the dominant society. Based on the experience of the Navajo Vocational Rehabilitation Program, we believe that these barriers of geography, culture and language can best be overcome by providing vocational rehabilitation services through the tribe itself.

EXPERIENCE OF THE NAVAJO VOCATIONAL REHABILITATION PROGRAM

The Navajo Vocational Rehabilitation Program has been providing a tribally-based alternative to conventional rehabilitation services to the Navajo handicapped population since 1975. It is the oldest and largest of the Indian vocational rehabilitation programs, serving over 450 clients. Utilizing a professional Navajo staff, the Navajo Vocational Rehabilitation Program has been able to be effective in serving its Native American clients in many areas where state VR programs have been found lacking.

The Navajo Vocational Rehabilitation Program has counselors located in each of the five agencies of the reservation. These Navajo counselors are bilingual, serving both English speaking and Navajo speaking clients. NVRP program offices are located proximate to Tribal, BIA, and Indian Health Service agency service centers. This proximity facilitates such processes as receiving referrals, receiving supportive health services, referring to job or training opportunities and similar supportive processes. The program is able to interface local secondary schools, potential local employers and the tribal government. In addition, the program has effectively integrated Native healing services into the rehabilitation process.

One recurrent problem which the Navajo Vocational Rehabilitation Program (NVRP) has faced is financial uncertainty. The program provides basic VR services to the Navajo handicapped population. It operates like a state VR program. The states of Arizona, New Mexico and Utah have not been able to effectively serve this population and look to the Navajo program to be the primary service provider in this area. Nonetheless, in the years since 1981 when Congress first appropriated funds under Section

130 for the program, NVRP has continued to be treated as a discretionary program. This has not only meant that NVRP has had to apply each year for its funds with no real assurance that the funding application would be accepted. It has also meant that the U.S. Department of Education has felt no obligation to seek funding for Section 130 of the Rehabilitation Act at a program maintenance level or to give priority to NVRP, as an established program, in the allocation of available funds.

In each budget cycle since 1981, the Navajo Nation has had to fight for NVRP's funding. In FY 1985, when a number of other tribes submitted applications for Section 130 funding, we sought successfully to have the funds available for Section 130 increased from $715,000 to $1,430,000. This increase was necessary if any other program was to be funded without gutting the Navajo program, since our program's budget was $715,000. Despite the fact that Congress did authorize the supplemental appropriation for Indian vocational rehabilitation and that other tribes had applied for Section 130 funding, the Department of Education, in its FY 1986 budget sought to return the appropriation level to $715,000. Again it was necessary for the Navajo Nation to advocate for the basic appropriation under Section 130. Once again, these efforts were successful, as Congress recognized the real need for the program, not only in the Navajo Nation but on other reservations. Yet, in its FY 1987 budget, the Department of Education is again apparently seeking to return the Section 130 appropriation to $715,000. In addition, the Department seeks a recission of over $600,000 of the funds appropriated for FY 1986. There is nothing in the rehabilitation law as it now stands to require a minimum level of funding for Section 130.

NEEDED AMENDMENTS TO THE REHABILITATION ACT

In its reauthorization of the Rehabilitation Act, Congress should recognize the problems created by the Department of Education's repeated failure to support Indian vocational rehabilitation and establish some minimum level or percentage of funding which must be maintained for Section 130 programs. This base amount should receive the same protection from automatic sequestration under deficit reduction procedures which is accorded to basic state VR funding. It is neither equitable nor reasonable to demand the greatest cuts in program funds from the most underserved handicapped population.

At this time there is no draft of a Senate reauthorization bill upon which to comment. Therefore this testimony will address in a general way the provisions which the Navajo Nation believes are critical to include in any reauthorization bill. Prior to preparing this testimony, we have made a written analysis of H.R. 4021, the House reauthorization bill. H.R. 4021 addresses many of the concerns which the Navajo Nation has had regarding the provision of vocational rehabilitation services to American Indians. It assures that Indian tribes and tribal organizations will be included in eligibility for many programs under the Rehabilitation Act. Indian tribes and tribal organizations are specifically included in the definition of public and private agency. Specific requirements are placed upon the states in regard to consulting with Indian tribes and tribal organizations and in regard to serving the Indian population. For the first time, the Bureau of Indian Affairs and the Indian Health Service are specifically included in the federal agencies making policy in the area of rehabilitation services. The bill mandates a long needed study of the needs of American Indian populations for vocational rehabilitation services and the resources available to meet these needs.

Most importantly, the bill, as amended, seeks to give some stability to existing Indian VR programs by authorizing three year grants, by requiring the Secretary of Education to give priority consideration in making grants under Section 130 to applications for the continuation of programs which have been funded in the past, and, most importantly, by establishing a base funding level for Section 130 of one quarter of one percent of the funds appropriated for state programs. These provisions are significant improvements over the existing law. We have recommended specific language assuring that Indian tribes be able to obtain funding for independent living programs. Otherwise, the provisions regarding Indian tribes contained in H.R. 4021 provide the legislative framework which is necessary if the needs of the handicapped American Indian population for rehabilitation services is to be met.

The reauthorization of the Rehabilitation Act of 1973 offers a unique opportunity to redress the failure of existing rehabilitation programs to reach the handicapped population on Indian reservations. Specific language has been proposed for the Act in H.R. 4021 which would both offer to an existing vocational rehabilitation program such as the Navajo Vocational Rehabilitation Program, the continuity enjoyed by established state VR programs and provide the means for more Indian tribes to provide VR service to their handicapped members. The Navajo Nation urges the Subcommittee on the Handicapped of the Senate Labor and Human Resources Committee to draft legislation with comparable provisions for consideration by the Senate this Session.

APPENDIX A

Excerpt from the Testimony
of the Navajo Nation to the
Subcommittee on Select Education
Submitted July 27, 1985

HANDICAPPED NATIVE AMERICANS AND REHABILITATION

The situation of handicapped Native Americans throughout the country reflects a number of differences from the rest of the handicapped population. The incidence of many handicapping conditions is greater among Native Americans. The relative distribution of different handicapping conditions is different from the general population. The access to rehabilitation services of handicapped Native Americans is less than the general population. Their rate of acceptance by rehabilitation services is lower, as is the rate of rehabilitation for those accepted for services. These characteristics will be discussed below and in supplemental information which is presented to this Committee as background information.*

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*The Navajo Nation expresses its appreciation to the Native American Research and Training Center at Northern Arizona University for making its information on the incidence of handicapping conditions and rehabilitation of Native American handicapped available to the Navajo Nation for this document. Conclusions drawn from that data are those of the Navajo Nation.

A report prepared by the Native American Research and Training Center at Northern Arizona University indicates that the overall incidence of disabling conditions is 1½ times higher among Native Americans than among the general population. Despite this higher incidence of handicapping conditions, disabled Native Americans are only 60% as likely as disabled members of the general population to be successfully rehabilitated. Native Americans are less likely to apply for rehabilitation services. If they apply, they are less likely to be accepted into the caseload. If accepted into the caseload, they are less likely to be rehabilitated

Within the categories of handicapping conditions among persons accepted for vocational rehabilitation caseloads, Native Americans have reported higher incidents of disability than the general population in regard to accidental injury of the eye (1.28 times the general population), injuries to the spinal cord (1.13), infections of the ear (1.03), arthritis (1.17), accidental loss of limb (1.11), dental conditions (1.61) and end stage renal failure (1.98). These figures actually underestimate the amount of trauma-caused disability, since accidents are the leading cause of death and traumatic hospitalization among Native Americans.

Leading the causes of disability, and highly implicated in many of the other disabilities reported for Native Americans is alcoholism (3.21 times the average for the general population). "Other character disorders" are also reported at higher than the national average (1.16). Native American rehabilitation clients are more likely than the handicapped general population to have a secondary disability. This disability is most likely to be classified as alcoholism.

In those disabilities which appear with greater frequency among Native Americans, the rate of rehabilitation is often less than the rate for the general population. For example, 61.7% of the cases of accidental eye injury accepted for rehabilitation services from the general population are successfully rehabilitated. Only 53% of the Native Americans with this disability accepted for services are rehabilitated. 73% of those from the general population accepted for services with accidental loss of limb are successfully rehabilitated. For Native Americans with this condition, the rate of rehabilitation for those accepted for services is only 58.3%. Persons accepted from the general population for rehabilitation services because of alcoholism show a rehabilitation rate of 52.6%. For Native Americans, the rehabilitation rate is 37%.

One of the most common reasons given in rehabilitation services reports for the failure to accept Native Americans into the rehabilitation caseload or for the failure to successfully rehabilitate is the inability to locate the client after the initial contact. A report of the Rehabilitation Services Administration for cases closed in 1978 indicates that 25% of the Native American cases were closed out because of the failure to locate the client, compared to 15% for the general population. This figure reflects, among other things, the geographic isolation of the Native American VR client and the concentration of VR services in the more settled, urban areas. It also reflects the gulf of language and culture between the disabled Native American and the rehabilitation service providers in the dominant society.

What these figures and reports demonstrate is that the Native American population has a greater need for rehabilitation services than does the general population. Yet, those services are less available to Native Americans, particularly those living on reservation, than to the general population. A recent article published in American Rehabilitation (Jan/Feb/Mar 1985), concluded:

> "Evidence indicates that [federally funded health care agencies] -- i.e Rehabilitation Services Administration, Special Education, Administration on Aging -- have neither served the Indian handicapped and disabled on a scale commensurate to their needs, nor formally approached tribal entities to resolve jurisdictional, cultural, linguistic and other barriers that impede service delivery." ("Handicapping and Disabling Conditions in Native American Populations," by Jamil. L. Toubbeh)

The Rehabilitation Services Administration in its report on the RSA-300 data for fiscal year 1978 also concluded:

> "The Indian population on reservations, including the disabled population, are not conveniently located for easy participation in general Federal and State programs; ... ...If there is any single, important step that RSA should consider in order to improve VR services to Native Americans, that step is developing ways to take VR to the reservation Indians. It is not likely that they will or even can come to VR in highly significant numbers."

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NAVAJO TRIBAL EDUCATION POLICIES

Approved: November 14, 1984
NAVAJO TRIBAL COUNCIL

Approved: January 4, 1985
NAVAJO AREA DIRECTOR
BUREAU OF INDIAN AFFAIRS

THE NAVAJO NATION
WINDOW ROCK, ARIZONA

Vocational Rehabilitation and Opportunities for the Handicapped

1. All Navajo people are entitled to participate fully in the economic, social, cultural and political life of the Navajo Nation without regard to any handicapping condition. All public and private entities within the Navajo Nation shall cooperate with the Navajo Nation Council on the Handicapped in implementing this policy. Every public and private entity within the Navajo Nation shall:

A. recognize handicapped Navajo people as potentially productive members of society;

B. encourage the handicapped Navajo population to reach optimum levels of economic independence and political, societal and cultural participation;

C. make reasonable accommodation to the special needs of handicapped persons, including the need for site accessibility, in regard to employment, housing, public accommodations, social services, transportation, recreation, educational and training opportunities, and community services and assure the availability of these services on an equitable, non-discriminatory basis.

2. The Navajo Nation Council on the Handicapped is responsible for assuring that all Navajo people have an opportunity to realize their potential to the extent of their physical and mental capabilities. The Council has such powers and responsibilities as are prescribed in its plan of operation and in other applicable Navajo tribal law. The Council shall work with other appropriate tribal governmental entities and with all service providers, public and private, to:

A. establish coordination and joint planning for delivery of services to handicapped Navajos from birth through adulthood as close to home as possible;

B. establish a continuum of appropriate services for all degrees of disability and all stages of the life cycle;

C. eliminate service gaps and avoid duplication of services; and

D. maximize available resources.

ARCA
american rehabilitation counseling association
Division of American Association for Counseling and Development
5999 Stevenson Avenue
Alexandria, Virginia 22304
Phone: AC (703) 823-9800

Reply to: 1111 Thomas Street
Utica, NY 13501
(O) 315: 793-2291
(H) 315: 724-2472

March 22, 1986

The Honorable Lowell Weicker
Chairman
Senate Subcommittee on the Handicapped
113 Hart Building
Washington DC 20510

Dear Senator Weicker:

Enclosed, please find a copy of the statement for the record which the American Rehabilitation Counseling Association, ARCA, has submitted regarding reauthorization of the Rehabilitation Act. ARCA is a division of the 45,000 member American Association for Counseling and Development. Our primary mission is to help the profession of rehabilitation counseling to better serve persons with disabilities.

We offer you our assistance and support in any areas relating to services for persons with disabilities. Society's most valuable resource is its individual members. The work of the Senate Subcommittee on the Handicapped enables those members of society who have disabilities to more fully use their talents and abilities. Thank you for your continued enabling efforts on behalf of persons with disabilities. Please feel free to call upon us at any time for assistance and support.

Sincerely,

Edna Mora Szymanski

Edna Mora Szymanski, CRC, NCC
President

cc Senate Subcommittee on the Handicapped
ARCA board
L. Perlman
J. Brennan

bcc Jane [illegible] ✓

AMERICAN REHABILITATION COUNSELING ASSOCIATION
Division of American Association for Counseling and Development
5999 Stevenson Avenue
Alexandria, Virginia 22304

Statement for the Record

Regarding

Reauthorization of The Rehabilitation Act

Senate Subcommittee on the Handicapped
Chairman: Lowell Weicker, Jr.

March 1986

American Rehabilitation Counseling Association (ARCA)
March 1986

The American Rehabilitation Counseling Association (ARCA) is a division of the 47,000 member American Association for Counseling and Development. ARCA's primary mission is to help the profession of Rehabilitation Counseling to better serve persons with disabilities.

ARCA applauds the advances made by the 1973 Rehabilitation Act. However, much still needs to be accomplished in order to enable persons with severe disabilities to benefit more fully from the Rehabilitation system and to better actuate their potential as participating members of our society. Rehabilitation is a program which is consistent with the principals upon which our great nation was founded. It recognizes the inalienable worth and dignity of persons with disabilities and seeks to enable their full and productive participation in all aspects of society, especially employment.

The following recommendations are presented by ARCA with the goal of improving service to persons with disabilities:

1) Change in Case Closure Concepts

The mandate for service to persons with severe disabilities introduced by the 1973 Rehabilitation Act has not yet been fully implemented. One impediment is the current case closure system which tends to emphasize quantity rather than quality. ARCA recommends a change in focus to **emphasize quality** of rehabilitation counseling service and **de-emphasize quantity** of closures. It is recommended that functional need reduction be considered as a major focus. That would result in consideration of competitive employment, supported employment, independent living and moves from institutional to community environments as positive outcomes of different magnitude depending on client need. It would also provide incentive for the delivery of quality rehabilitation services to persons with severe disabilities. In order to ensure that such a system remains consistent with consumer needs and rehabilitation counseling philosophy, recognized leaders in the consumer movement and the profession should be involved in its development.

2) Least Restrictive Environment (LRE)

A comprehensive LRE clause should be added to the Rehabilitation Legislation. Such a clause would require consideration and development of community integrated training and placement alternatives for persons with severe disabilities. It would not prohibit a "restrictive" placement but would allow it only when no other suitable alternative exists.

3) Increase of Pre-service and In-service Training Funds for Rehabilitation Counseling

American Rehabilitation Counseling Association (ARCA)
March 1986

Pre-service Training funds need to be increased in order to provide trained professional staff to meet the the needs of persons with disabilities and carry out the spirit of the 1973 Rehabilitation Act. Consideration should be given to major funding increases to training programs desiring to modernize or broaden their curriculums in order to incorporate results of recent research and demonstration projects. Such incentives for major updating could provide **substantial impetus for getting research into practice.** The result would be significant improvement in service to persons with disabilities.

In-service Training funds need major increases in order to train rehabilitation counseling professionals in newly developed techniques and concepts. Research and demonstration projects continue to provide more effective ways of delivering rehabilitation service to persons with disabilities. Putting these methods into practice requires dissemination and training. An example is supported employment. Substantial training funds are needed in both pre-service and in-service categories in order to enable persons with severe disabilities to benefit fully from this new approach.

4) Qualified Professionals

Direct Service: Agencies providing services authorized under the Rehabilitation Act should be required to hire individuals as rehabilitation counselors who possess the educational training for the position. This training is defined as a minimum of a Master's Degree from a CORE accredited program. Service to persons with disabilities should no longer be left to persons who are able to pass a civil service examination or fulfill other bureaucratic requirements but lack educational preparation. The service to persons with disabilities provided by rehabilitation counselors is a professional service requiring commitment and specific knowledge, skills, and abilities. It is not simply a bureaucratic function.

Supervision and Management: Public and private agencies receiving funding through the Rehabilitation Act should be required to work towards the integration of rehabilitation philosophy and knowledge into all levels of management. It is suggested that by 1995, all such agencies be required to show that at least 80% of supervisory and management personnel involved with client services have education or experience in the provision of rehabilitation services. Such as concept would ensure a continued commitment to rehabilitation and an understanding of the complexities at all levels of agency management.

American Rehabilitation Counseling Association (ARCA)
March 1986

5) Supported Employment

Surported and transitional employment should be included section 103 of the act and accompanied with a provision that section 110 funds can be used for the **training or short term support phase of up to 6 months** or for very brief post employment services. Supported and Transitional Employment have already shown great promise as tools to enable persons with severe disabilities to enter and remain in the labor force. Including these resources can enable rehabilitation counselors to improve the level and quality of service offered to persons with severe disabilities. Relegating these promising tools solely to demonstration projects or research and development will limit the service options available for numerous individuals with severe disabilities. Including the option in the act **does not force** states to provide such services, rather, it provides an additional resource.

Supported and Transitional Employment are **not services limited to persons with developmental disabilities.** Individuals with other types of disabling conditions can also benefit from different applications. The breadth of the term needs to be recognized. In essence it provides individually determined support services designed to overcome specific impediments to community integrated employment. **Other services**, in addition to job coaching which could be **considered as supported or transitional employment** depending on individual circumstances include: **special transportation, personal care attendants while on the job, and interpreter services.** This program could interact positively with the Social Security Administration's work incentives to remove some of the dis-incentives which persons with very severe disabilities face when entering the labor force.

The need for and availability of long term support systems should be considered as part of determining the appropriateness of supported or transitional employment as VR services. **VR agencies should not be required to provide long term supported employment** to those severely disabled individuals for whom needed on-going support services are not yet in place. As many as 25% of those individuals who would benefit from supported employment do not qualify for services from agencies who can provide the on going support necessary for them to remain in employment. Examples of groups who may fall into this service "gap" are persons with traumatic brain injury, various degenerative diseases, and persons with multiple physical disabilities. Additionally, some communities may not yet have on going support services available for other populations. VR cannot afford to become a long term support agency if it is to remain a viable provider of vocational rehabilitation services for persons with disabilities. An accompanying federal effort will be needed to identify potential sources of long term support for these clients. The availability of Transitional and Supported Employment as training resources can serve as an incentive for states to develop coordination of services and for specific disability groups to develop needed long term support options.

American Rehabilitation Counseling Association (ARCA)
March 1986

Financial incentives need to be provided for existing **rehabilitation facility programs** to develop supported and transitional employment approaches. This could be accomplished through **section 302** of the act by increasing appropriations for rehabilitation facility improvement grants for that specific purpose. Given the current emphasis on Supported Employment, it is important that existing rehabilitation programs be afforded incentives and opportunities to develop community integrated employment and training approaches. Not to afford such an opportunity through financial incentives and training could result in the development of a costly duplicate service delivery system. Although such facilities are not the sole providers of supported employment services, they can be among the major providers.

Major **research** will need to be authorized to investigate and **quantify the long term benefits of supported employment.** Early data indicates that supported employment offers a variety of financial benefits especially when additional sources of funding are considered. In depth research is needed to more fully delineate the effect of this service modality on the total constellation of tax dollars.

6) Rehabilitation Services Administration (RSA)

RSA has the potential to provide major leadership in service to persons with disabilities. To this end, federal leadership in RSA needs to include a significant percentage of persons with education and or experience in rehabilitation service delivery. This can promote both commitment to rehabilitation philosophy and an understanding of the complexities of service delivery.

Regional offices of RSA need to be revitalized. The role they provide in helping states to incorporate new methods and to better serve persons with disabilities cannot be underestimated. **Yet, as the need for technical assistance and the complexity of the rehabilitation program has increased, this valuable resource has been eroded.**

The American Rehabilitation Counseling Association (ARCA) is dedicated to **continually improving the profession of rehabilitation counseling in its service to persons with disabilities.** We are committed to work **together with persons with disabilities** towards the evolution of a society where they share equally in access to opportunities and benefits. ARCA, therefore, offers its assistance and support in efforts to improve Rehabilitation Services.

ARCA is a division of
The American Association for Counseling and Development
5999 Stevenson Avenue
Alexandria, VA 22304
(703)-823-9800

02/24/86

Reauthorization Hearing on the Rehabilitation Act

TESTIMONY

Presented to:

The United States Senate Subcommittee on the Handicapped

The Honorable Lowell P. Weicker, Jr., Chairman

Respectfully submitted by:

James F. Budde, Ed.D., Vice President
The National Association of Rehabilitation
Research and Training Centers

(913) 864-4950

Testimony of James F. Budde, Ed.D., Vice President of The National Association of Rehabilitation Research and Training Centers (NARRTC).

Mr. Chairman, members of the committee, my name is James F. Budde. I am Vice-President and represent the National Association of Rehabilitation Research and Training Centers (NARRTC) that are funded under Title II, Section 202 and 204 of the Rehabilitation Act of 1973, being considered here today.

The Rehabilitation Act establishes comprehensive research and training centers (RTCs) that are charged with the responsibility of resolving critical and costly rehabilitation problems. The RTCs are currently working on over 30 areas long-term problems that have been identified by NIHR as national priorities. RTCs conduct long-range research programs that focus on resolving particular components of the complex rehabilitation problems. RTCs then build one research result upon another, systematically producing new and improved technology. The technology is rapidly disseminated to the field through university training, inservice training, professional and lay publications, direct product dissemination, and technical assistance. This enables RTCs to serve as recognized, stable resources that are easily accessible to practitioners, administrators, and persons with disabilities. However, the productivity and economy of RTCs is being impeded, because of current policies governing continued maintenance, capacity building, and cost sharing.

RTCs are more than mere research projects. They are fully organized, comprehensive centers that serve as a national resource. They attract high-quality staff and administrators

Testimony of James P. Budde, Ed.D., Vice President of The National Association of Rehabilitation Research and Training Centers (NARRTC).

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RTCs are more than mere research projects. They are fully organized, comprehensive centers that serve as a national resource. They attract high-quality staff and administrators researchers (a scarce commodity) and staff leave for positions with stable funding. Others leave the field entirely.

In effect, the mandatory termination and competitive renewal processes create a significant interruption in research, development, training, and dissemination. They also impede the center's ability to acquire additional funding. Even if funding is continued (which is almost always), the center requires some valuable time for re-startup.

If a center is not refunded, it discontinues its work, leaving products partially completed or lost. Then, a new center taking its place requires 2 additional years for its startup time.

A good portion of research, product development, training, and dissemination capacity can be lost for 1 or 2 years through mandatory termination and competitive renewal. This is a costly problem. It is estimated that this reduced capacity results in a loss of 1.2 to 2.8 million dollars in NIHR funds each year. In addition, supplemental funding (up to 45% of the center's budget) is also effected or lost.

Stability of centers must be viewed similarly to the maintenance of businesses. It is not prudent to recreate the same business every 5 years. Rather, an investment is protected, maintained, and improved as long as the business is effective, and there is need.

When there is assurance that a center's productive environment will be maintained, staff can easily make transitions. They continue to complete ongoing projects and initiate new projects. Both stability and efficiency are maintained. Most importantly, productivity is sustained.

Problem II: Accountability

It is imperative to recognize that a lack of competition for continuation does not imply a lack of accountability. RTCs have always been subjected to an extensive and multifaceted annual evaluation used to review centers and NIHR's investments in them. This evaluation includes reviews by each center's advisory committee, consumers, and the director of the state rehabilitation agency where the center is located; external peer reviewers; and federal program reviews through NIHR. Both the RTC's past performance and comprehensive research, development, training, and dissemination system are evaluated. For the most part, the policy of noncompetitive renewal that existed before NIHR became a part of the Department of Education has served the intent of the program well. Unproductive R & T Centers have been terminated as a consequence of this evaluation process. Many others have survived the process intact, becoming stronger and stronger over the years.

Professionals within centers are accustomed to peer review site visits. They plan projects and prepare for site visits rigorously. They use the opportunity to improve their work.

If center deficiencies exist, site visitors identify them easily and recommend major improvements or even termination. This is a superior form of evaluation, because it is conducted at the center, and problems cannot be masked with glamorized proposals that are reviewed at a central location. In addition, peer site visits cost about the same to conduct as peer grant reviews.

Problem III: Capacity Erosion

Continued erosion of funds from each center is another critical problem. Although report language has stated that funds be used for cost-of-living increases, some centers have not had cost-of-living increases for 4 years. In some cases, an artificial cap has been placed on centers.

Problem IV: Cost Sharing

Cost sharing is another issue that relates to the erosion of funds. In the past, universities were required and agreeable to a 15% indirect cost ceiling, even though negotiated indirect cost rates were higher. This requirement was eliminated when NIHR became a part of the Department of Education. At this time, some universities increased the indirect cost rate significantly. The overall increases reduced operational capital of RTCs by over $1 million.

Cost sharing requirements for centers are reasonable expectations. Centers are valuable assets to universities. They provide an environment for research and training that is important to faculty and students. They bridge the gap between real consumer problems and the university's knowledge base. They also afford a level of prestige for the university. Finally, centers generate indirect costs income for universities through additional grants. It would seem prudent to study the equity of the 15% limit so that universities can share in the cost.

It was my intent today to communicate the problems that erode the capacity of RTCs to resolve national rehabilitation problems. RTCs have made long-term commitments to solve our costly rehabilitation problems, but we need your assistance. We ask that you help maintain the capacity and cost-effectiveness of the centers, while requiring continued accountability.

I urge you to consider these problems during your deliberation as you work on the renewal of the Rehabilitation Act. In addition, we would be pleased to provide additional information or assist you in any way.

Thank you for the opportunity to share these thoughts with you today.

February 24, 1986

The National Association of Rehabilitation
Research and Training Centers

PROPOSED CHANGES TO SECTION 204(b) OF THE REHABILITATION ACT

1. The initial grant to Centers shall be based upon competition carried out according to regulations of the Director. In order to support research and training priorities as developed under this Act, each Research and Training (RT) Center which has received an initial Center grant for shall be renewed for an additional 5 years at the end of the project period upon a determination by the NIHR Director that such Center has performed adequately and has developed a sound plan for future efforts, based upon an extensive evaluation conducted by peers which shall include a site visit and shall take place in the year prior to the last year of the project period. This will apply to currently funded centers.
2. The host institution for an RT Center shall be limited to a 15% cap on indirect costs.

NEABIR

Business and Rehabilitation working together to improve job opportunities for the disabled

CARL V. PULEO
President

DENNIS CARNINE
Chairman,
Board of Directors

March 13, 1986

WRITTEN TESTIMONY TO THE SENATE SUB COMMITTEE ON THE HANDICAPPED

The New England Association of Business, Industry, and Rehabilitation, Inc. has managed a network of Projects With Industry programs representing Connecticut, New Hampshire and Maine for the past seven (7) years.

Because of the mutual support and trust that has been built over these years between businesses and rehabilitation professionals, over 3,200 persons with disabilities have been competitively employed.

During the most recent year, 1984-85, 691 individuals were employed. 571 or 83% retained employment.

Based on annualized total salaries of $4,698,008 and savings attributed to elimination of state and federal assistance, there was a return to the economy of $18.41 for each PWI dollar invested in our Projects With Industry.

The strength and success of Projects With Industry has been the cultivation of trust between business and rehabilitation placement practitioners. Legislation for Projects With Industry must recognize and support what already has been built. Legislation must also enable new programs to develop and mature programs to expand and grow toward excellence. Because we are relying so heavily on our business and industrial base, it is important that we build upon those committed relationships. We cannot afford to turn business off. Projects With Industries programs have demonstrated success and have built a foundation upon which an on-going PWI program can grow.

We request that the language of the Rehab Act recognize the unique relationships that have been developed and are presently in place between the business community and rehabilitation which will foster increased placements and opportunities for persons with disabilities.

Since we recognize that jobs in the market place are predominately with business and industry, legislation should reflect efforts of continued support of a system which business understands and has already invested time and resources.

We would respectfully urge that a new TITLE be included in Section 2 of the Amendments of 1986 to encourage the continuation of exemplary programs that meet the standards set forth and which will provide opportunities for new programs to be developed.

NEW ENGLAND ASSOCIATION OF BUSINESS, INDUSTRY AND REHABILITATION, INC.

131 BRADLEY ROAD • WOODBRIDGE, CONNECTICUT 06525 • (203) 397-0266

College of Human Resources and Education
West Virginia Research and Training Center
One Dunbar Plaza, Suite E
Dunbar, West Virginia 25064

West Virginia
University

March 11, 1986

The Honorable Lowell P. Weicker, Jr.,
CHAIRMAN
Senate Subcommittee on the Handicapped
303 Hart Building
Washington, DC 20510

Dear Senator Weicker:

The West Virginia University Research and Training Center in Vocational Rehabilitation has amassed a prodigious amount of data in the course of its 18-year history. One example is the database we have on the more than 10 million clients served by the Federal-State Vocational Rehabilitation program 1971-1982. Through the years, the Center has also assembled a faculty of senior scientists highly competent in policy analysis.

Through such analysis we have noted the tendency to equate the scene of VR casualties with the cause of these casualties. Because casualties (e.g., unsuccessful rehbilitants) are observed at the casework level, the "fix" is often assumed to lie in better casework or improved implementation of same. Our experience is that not only is the fix not in improving casework, but that the current legislative definition of casework is itself what has to be fixed. We have crystallized our thoughts in the form of proposed legislative language on pages 3 and 5 of the enclosed, preceeded in each case by the reasons for what we propose. We would be glad to share with you technical details--qualitative and quantitative--that support these reasons.

The following points need to be emphasized about what is proposed:

* It would keep the current 110 VR program intact and unchanged.

* It would add alternatives and take no alternatives away.

* It would be permissive in character, i.e., no state would be required to amend their state plan, only allowed the option of doing so.

- It emphasizes VR sharing expertise and knowledge, not spending money.
- It has a built-in recording system/evaluation component so that Congress can monitor the effects of the changes in an ongoing fashion, not just at oversight.

We would be happy to answer any questions you might have or provide additional information. Please feel free to call at (304) 766-7138.

Sincerely yours,

Joseph B. Moriarty

Joseph B. Moriarty, Ph.D.
Director & Professor

Enclosure

When One Size Doesn't Fit All
Implication's for VR's Reauthorization

THE PROBLEM

A major limitation in Section 110 of the Rehabilitation Act--one that has to be corrected in the law's reauthorization--is that, to the detriment of employment of disabled persons, it constrains the rehabilitation options of the states to clinical casework. Nothing else. Clinical casework, being medically based, views the disabled person as the one who has to be "fixed" provided (s)he can be found eligible (i.e., meet the twin tests of substantiality and feasibility, and be at the right place in a priority order of selection), get diagnosed (preliminary diagnostic study and comprehensive evaluation), persevere to receive "multiple services over an extended time period" planned for and orchestrated according to complex casework standards. Whatever else the difficulties of a disabled person, the law is quite insistent that lack of persistence better not be one of them! This limitation to casework disserves disabled persons, the taxpayer and domestic social policy as it pertains to disability.

The limitation to clinical casework disserves those severely disabled who don't need to be "fixed" by complexly orchestrated casework. But *do* need JOBS, targeted assistance of immediate relevance to getting jobs (e.g., job accommodation), and access to that assistance without the time lag and red tape that surrounds compliance with Section 110 casework. Right now the law makes the mistake of defining substantiality of services not in terms of results--did they make a difference in employment?--but in terms of resources and time consumed in their provision. If a cardiologist happens on someone in cardiac arrest, the fact that he revives the person with CPR, a simple, inexpensive, time limited procedure, is irrelevant to the victim. What *is* of importance is that CPR made the difference between life and death. *So* too for VR, the crucial test is making a difference in the employment of disabled persons.

The taxpayer is also disserved by exclusive reliance on clinical casework. Right now Section 110 doesn't permit state VR agencies to leverage tax dollars to enable the private sector, e.g., employers, to apply *their own resources* to do *their own rehabilitation* of workers with *disabilities*. Systems development approaches reposition tax supported rehabilitation from the dollar of first to latter or last resort. Such approaches treat the system (e.g., employers) as the client. By developing rehabilitation capacity of these other systems, a cost effective multiplier/spread of effect can be achieved. This way, the tax supported VR program doesn't just stop at *doing* rehabilitation (i.e., casework) but--by technical assistance, consultation, education--goes beyond, so as to *enable* other systems to incorporate rehabilitation into their breathing in and breathing out. In the case of employers this means integrating rehabilitation into human resource management.

Restricting the public VR program to clinical casework also disserves domestic policy as it seeks alternatives, at the macro level, to welfare (e.g., SSI), compensation (e.g., SSDI) and early retirement (e.g., BOASI) for dealing with spiraling disability incidence and costs. Rehabilitation is preempted from being seriously considered as a viable macro policy alternative as long as it is confined to micro, i.e., clinical methods. Even if effective, clinical approaches--whether in rehabilitation or elsewhere--seldom aggregate to produce discernible macro effects. Cardiology is relevant to macro health issues (e.g., the nation's life expectancy) because it has developed techniques (CPR training, smoking cessation, diet and weight control, exercise and stress management) that don't require a cardiologist for their application or a clinical context for their effectiveness as do bypass surgery and other complex techniques which are costly and don't produce any multiplier effect.

THE SOLUTION: GENERAL FORM

For architecture; whether of policy or buildings, it is axiomatic that form has to follow function. In business it is equally axiomatic that successful marketing--defined as developing products that meet customer needs--has to be based on segmenting customers into meaningful subgroups. So much so, that marketing guru, Harvard's Dr. Theodore Levitt says: "If you're not thinking segments, you're not thinking." The disabled population is enormously heterogenous. For purposes of policy formulation, this population needs to be segmented into subgroups according to their "need cluster." Because one size doesn't fit all, the generic product of rehabilitation should be customized in form-following-function options or tracks (2 or 3) tailored to meet the need clusters of at least major subgroups of persons with disabilities.

The introduction of independent living (IL) options into VR law, is an example of segmentation, i.e., the repackaging of rehabilitation services outside the context of employment goals. A much less radical segmentation is needed for those severely disabled at the other end of the employability continuum (e.g., injured workers) whose need cluster requires that they get rehabilitation not in the "medicalized" context of employment but in the "industrialized" context of casework with the role of government recast into one of a catalyst that mobilizes private sector resources and helps direct the effective application of same.

SPECIFIC SOLUTION 1: JFT

What's needed is legislative language that would allow state VR agencies the option (not requirement) of two alternatives that would supplement (not supplant) the existing Section 110 clinical casework program.

Supplement 1: Job Focused Track (JFT) would allow disabled individuals the option of applying for time limited assistance directed to employment in the near future, say, six months or less. Services in the JFT would include job exploration, job finding, participation in job clubs and similar peer-based job oriented activities, technical assistance to disabled persons and/or prospective employers in barrier removal and job accommodation, vocational counseling and guidance, and other interventions of near-term relevance to job getting, keeping or advancement. JFT would exclude physical restoration, extended evaluation and vocational training which serve to consume the lion's share of case service costs and are provided for in the traditional Section 110 program. JFT would streamline documentation of need to self declaration of disabled persons that they need job services and are aware of their option to apply for the traditional "full" 110 casework at any time. Documentation of disability could be "prima facie" in the case of those with visible impairments such as amputation, or "probable cause" in the case of those with non visible disabilities (e.g., psychiatric treatment in the presence of unemployment). The biggest advantage of JFT would be timeliness of service. Streamlining documentation permits starting job assistance immediately, on the spot at the time application is made. Contrast this with the graph on the following page that shows the mean time (averaging around five months) it takes to begin implementing a service plan for those who have applied to the program nationwide 1972-1980. Such time lags might be blamed on flawed execution of legislation. Equally plausible is that flawed (one size fits all) legislation creates a complex, time consuming process of accessing services. JFT, to be effective, would also have to streamline the IWRP since there would be no need for intermediate objectives, the goal being work, soon, via a specific menu of services such as that suggested above and agreed to by the applicant.

Accountability for this program could be similar to that of the traditional 110 program: numbers of cases applying, accepted, successfully closed, earnings change, time between acceptance and closure.

Proposed legislative language: Each state may amend the state plan to provide for, in addition to the standard 110 program, a Job Focused Track (JFT), limited to those disabled persons whose need for services are near term, and of immediate relevance to securing, retaining or advancing in employment. Services in this track exclude physical restoration, vocational training, but include job exploration, application, job finding, job clubs and similar peer-based job oriented activities, technical assistance to disabled persons and/or employers in barrier removal and job accommodation, trial work periods, vocational guidance and counseling, and similar services of proximate relevance to employment. Documentation for disability will be the report of either the observation of a visible disability, or "probable cause" evidence of a non-visible disability. Documentation of need shall be self-declaration of a disabled person that a need exists. All persons applying for or served in JFT shall be informed of their right to apply for the regular 110 program of services. States shall account for the activities carried out pursuant to JFT by reporting number of clients applying, number served, number closed, time between application and closure, earnings change, and such other data as the Secretary may deem necessary to evaluate the cost-effectiveness of this amendment to the state plan.

SPECIFIC SOLUTION 2: BUSINESS ACCOUNT SYSTEM

Demographers forecast that, with the aging of the population, incidence of disability has to go up. Vachon (1985) notes:

> "The United States work disabled population is projected to grow from 21.9 million persons in 1978 to 29.5 million persons in 2000, an increase of almost 35%. The data indicate a modest increase, about 4.9%, in the numbers of work disabled individuals betwen the ages of 18 and 34, and dramatic increases in the numbers of work disabled between ages 35 and 54, 75.5% and 56.9% respectively, the prime working years. The projected growth of work disability among persons 55 to 64 years is 17.1%." (p. 9-10).

Analysis reveals that for every $1 spent on rehabilitation, $100 is spent on compensation and income transfer. In 1984, $24 billion was spent on Workers' Compensation alone--almost twenty-five times the funding of the VR program in the same year. Research confirms that the earlier a disabled person returns to work, the better. Rehabilitation prognosis plummets when the disabled person is severed from the workforce. That's why some experts have advanced the intriguing notion that the first place for rehabilitation should be the worksite not the rehabilitation office!

The tax supported VR program is largely irrelevant to the macro economics of disability. Employers, like the average citizen, don't even know VR exists, much less what it does. Such ignorance might be all to the good because the problem is so huge that VR, with its meager resources, couldn't so much as put a dent in it anyway. As long as VR is thought of as clinical casework, it's perceived irrelevance becomes not only true but inevitable. Such irrelevance would be reduced if the VR law were to permit states to develop and maintain a business account system (BAS), that would entail VR providing education, technical assistance and consultation to employers. The goals of BAS would be to: create in businesses an environment that is hospitable to employment of persons with disability; make rehabilitation a meaningful component in company human resource management; assist employers retain or return disabled to work as soon as feasible; intervene with employees "at risk" to prevent onset of disability (e.g., arthritis) from forcing a person into severance from workforce; as a result of the above, better equip the company to receive placements of persons rehabilitated through the state-federal program.

BAS treats the company as the client. Procedures analogous to casework will be followed with companies applying to open an account, the application being evaluated from the standpoint of the substantiality of need and reasonableness of expectation that VR's corporate services could enhance the company's ability to actively manage disability. A cooperative plan will then be developed and customized to the individual company's needs. The plan would specify the type of services VR would provide as well as the nature, type and extent of corporate resources that would be made available, and an agreed on closure time. Among VR corporate services could be:

Architectural Barriers Consultation
Worksite Accommodation Consultation
Job Analysis
Return of the Injured Worker
Second Injury certification
Maintenance of Disabled Workers
503/504 Consultation
EAP Assistance
Sensitivity/Awareness Training
On-the-Job Training
Retraining
Work Hardening
Community Resource and Coordination (family member services, wellness interventions)
Placement
Risk Management
Health/Disability Related Cost Control

Accountability will be based on reports (countersigned if need be) by the company as to number of disabled persons who were assisted in staying, returning, or being placed in empoyment. Reports could also include data as to reduction in disability-caused time off job, reduction in workers' compensation benefits paid as a result of rehabilitation services provided the company.

Proposed legislative language: Each state may amend the state plan to conduct a Business Account System the purpose of which is to stimulate private sector resources in efforts to prevent disability, place and retain disabled persons in the workforce and return disabled to work as quickly as possible. It is intended that the assistance provided by state agencies be in the form of education, (e.g., training workers in disability related matters), technical assistance (e.g., barrier removal, job accommodation) and consultation to asist the employer deal with the individual needs of disabled workers, present or prospective. State plans so amended shall specify the manner in which business participation shall be solicited, the criteria used to select from businesses who make application. State plan amendments shall stipulate that businesses so served will be done so according to a written plan with responsibilities of both the business and VR agency clearly stated, the objectives to be achieved, the criteria to be used to measure such achievement and the time by which the objectives are expected to be achieved. States electing this option shall provide annual reports of the number of disabled persons placed, retained or returned to employment as a result of the Business Account System, pertinent data regarding the economic effects of the program (e.g., reduced compensation costs) and such other data as the Secretary deems appropriate to evaluate the cost-effectiveness of the program.

National Head Injury Foundation, Inc.

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Co-Founder, Past President

April 10, 1986

The Honorable Lowell Weicker
Chairman, Senate Subcommittee on the Handicapped
SH-113 Hart Senate Office Building
Washington, DC 20510
Attention: Christopher Button

Dear Mr. Chairman:

A letter and testimony for the record dated March 31 was sent to you by the Employment and Training Task Force of the Consortium for Citizens with Developmental Disabilities (CCDD) regarding Reauthorization of the Vocational Rehabilitation Act.

We, the National Head Injury Foundation (NHIF), were regrettably listed as a supporter of that testimony. We have notified the Coalition of this error and wish to be removed from that testimony. We request that this letter be made a part of the official record.

The National Head Injury Foundation will instead be submitting its own testimony on this legislation.

Sincerely,

Gerald Bush
President

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Senator **WEICKER**. The committee would hope to do its work on this reauthorization matter within the next several weeks, and certainly, you will have been a valuable part of that procedure.

Thank you, and the committee will stand adjourned.

[Whereupon, at 11:30 a.m., the subcommittee was adjourned.]

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